THE HUNDREDTH
ANNUAL REPORT UPON

THE HEALTH OF LEICESTER DURING 1948

E. K. MACDONALD
O.B.E., M.D., D.P.H.

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Staff of the Health Department

(*As constituted* 1*st January*, 1949.)

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E. K. MACDONALD, O.B.E., M.D., M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

ALEXANDER HUTCHISON, M.D., D.P.H., F.R.F.P.S., D.P.A.

Officers in Charge of Departments

Medical Officer for Maternity and Child Welfare ..	(Miss) E. B. B. HUMPHREYS, M.B., Ch.B.
Tuberculosis Officer	A. SCOTT, M.A., B.SC., M.B., Ch.B.
Public Analyst	F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C.
Chief Sanitary Inspector	F. G. McHUGH, F.R.San.I.
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SUMMARY OF STATISTICS

FOR THE YEAR 1948.

CITY OF LEICESTER

Population at Census, 1931	239,169
,, (estimated), 1948	280,300
Marriages	2,968
Births (corrected)	5,353
Birth-rate	19.1
Deaths (corrected for transferable deaths)	3,027
Death-rate	10.8
Deaths under One Year	205
Infant Mortality (per 1,000 Births)	38.3
Maternal Mortality (per 1,000 total births)	1.09
Zymotic-rate (per 1,000 population)	0.45
Respiratory Disease death-rate	1.04
Cancer death-rate	1.88
Tuberculosis death-rate	0.65
Phthisis death-rate	0.57

Area of City (in acres)	16,990
Number of Inhabited Tenements, January, 1949 ..	81,791
Number of Empty Houses, January, 1949	183
Number of Empty Cottages, January, 1949	14
Rateable Value at 1st April, 1948	£2,086,602
General Rate for the year, 1948-1949	18/6 in £

	England and Wales	County Boroughs	London Administrative County
Birth-rate	17.9	20.0	20.1
Death-rate	10.8	11.6	11.6
Infant Mortality (per 1,000 Births)	34	39	31

(Registrar-General's Figures)

To the Chairman, Lord Mayor and Members of the Health Committee

Mr. Chairman, my Lord Mayor, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1948.

It will be noted that this Report is entitled "The Hundredth Annual Report on the Health of Leicester." We thus come to an end of an epoch.

It is a little difficult to determine why this numerical distinction has been accorded to this particular report, for the very early days of the service in Leicester are somewhat wrapped in mystery. It was in 1846 that Leicester, a progressive city then as now, giving a lead to practically all the rest of the country, appointed a medical officer to investigate and improve the sanitary conditions of the Borough. In fact two medical officers (Dr. Barclay and Mr. Buck) were appointed as sanitary officers, both in a part-time capacity. The title "Officer of Health" first came into use when Mr. Buck was appointed as such, in 1849. His second report is dated 1851, his first report is missing.

As however for nearly seventy years the Annual Reports have been consecutively numbered, I feel we must take this report for 1948 as the centenary report and I have therefore asked Dr. Hutchison to write an article on "One Hundred Years of Public Health in Leicester," which will be found on page 43. It makes most fascinating reading.

Nineteen hundred and forty-eight saw the "appointed day" of the National Health Service Act, 1946, and on the 5th July the Public Health Service suddenly found itself bereft of much of its former powers and duties, and faced with fresh problems and opportunities. Time alone will prove whether the change is for the better or not. A fuller analysis of the changes brought about by this Act will be found on page 17 of this report (Section B).

STATISTICS:

Population. The City continues to grow. The estimated population of 280,300 is the highest figure recorded.

Birth Rate. The birth rate was 19.1 as compared with 21.9 for 1947.

Infantile Mortality. The infantile mortality rate was 38.3 deaths per 1,000 live births. This is the lowest ever recorded, but there is still room for improvement. Many towns show even better rates than this, so though Leicester can feel pleased it must not feel complacent!

Death Rate. At 10.8 deaths per 1,000 population, 1948 was a record year for Leicester. The previous lowest rate was 11.2 in 1938, but here again as for the infant death rate there is only room for pleasure not satisfaction. While Coventry, for example, can show a death rate of 8.8 (though this in fact may be partly due to a different balance of population), Leicester cannot remain content.

FORM OF THE REPORT:

Now that this report does not include reports from the Hospitals, it necessarily has suffered a considerable change in format.

I have however retained the four sections of the report as formerly and several of the Appendices.

The following is a summary of the main alterations and additions:

Section A. Statistical—no material change. A rather fuller picture is presented.

Section B. Full details of the effect of the National Health Service Act, 1946, are included in this section, together with reports on the District Nursing, Ambulance, and Mental Health Services.

Section C. Sanitary circumstances. No change.

Section D. Housing—no change.

Appendix I. Report of the work of the Tuberculosis service—no change.

Appendix II. The old Appendices II and III, which dealt respectively with the work of the City Isolation Hospital and City General Hospital, are omitted and the report of the Maternity and Child Welfare Department which used to be Appendix IV now becomes Appendix II. A report by the Senior Dental Officer on the work of his Department is included as an addendum to this Appendix for the first time.

Appendix III (old Appendix V). The Report of the City Analyst—no change.

Appendix IV (old Appendix VI). The Report of the Chief Sanitary Inspector—no change.

Appendix V (old Appendix VII). The Report of the Venereal Disease Service—a modified report is submitted.

CONCLUSION:

I stated at the beginning of this letter that 1948 was an epochal year in the Public Health Service. That was almost an understatement. I have heard the cataclysmic changes that faced the service on the 5th July described as like a major earthquake. The sense of security in well-established customs and habits was replaced by a feeling of doubt and uncertainty. Would the Public Health Service survive?

There is as yet no positive answer to this question.

It was customary in the days of old before a voyage was started to enquire of the oracle whether the portents were propitious. The Public Health Service is starting on a new voyage to an unknown destination and the portents are propitious. Nevertheless, it is difficult when starting on a new venture to envisage the ultimate destination. One cannot see the distant land for the near-by waves. The old feeling of comfortable security has gone but at last we can travel hopefully. Whether we shall arrive and where, *quien sabe* ?

The objective of the service—a healthier happier Britain—is obvious, but to attain that objective will require considerable statesmanship both by the central and by the local government authority. To attract the right type of officer as in the past, the service must provide a satisfying career both from the point of view of scientific interest and also from the mundane but nevertheless important point of view of material, i.e., financial success. The Public Health Service must not compare unfavourably with either of the other two services controlled by the Act, the Specialist or Hospital consultant service and the general practitioner service. Unless it does take its rightful place *vis-a-vis* the other medical services whose standard of remuneration is governed centrally and at the moment is considerably higher than in the Public Health Service there will be progressive diminution in the quality of the entrant into the Public Health Service and a fading into obscurity of the Service itself.

But enough of pessimism, though these things need saying! 1948, this epochal year, should see the beginning of a future, bright with promise. The auguries are good, the future is what we will make it.

I am glad to express to you, Mr. Chairman, and to the members of your Health Committee, my keen appreciation of all the consideration you have given to the work of the Health Department during the year. I know, whatever else may be uncertain, that we have in you stalwart champions of the service, who have its real interests most surely at heart.

It has not been exactly an easy year. Times of change, whether National or personal, never are easy. But I am indeed glad to record my gratitude for the unflagging loyalty and keenness of all the Staff during this most important centenary year.

I am,
Mr. Chairman, My Lord Mayor, Ladies and Gentlemen,
Your obedient servant,
E. K. MACDONALD, O.B.E., M.D., B.S., D.P.H.,
Medical Officer of Health.

Health Department,
Grey Friars,
Leicester,
19*th September*, 1949.

ANNUAL REPORT 1948

SECTION A

Statistics and Social Conditions of the Area

STATISTICS

Population

The Registrar-General estimates the population of the City of Leicester at mid-1948 as 280,300—the highest figure ever recorded for the City.

The comparative figure for 1947 is 275,830.

Birth rate

The number of live births for 1948 was :

Males	2,713	(3,113)
Females	2,640	(2,926)
Total	5,353	(6,039)
Birth-rate	19.1	(21.9)

(*Note :* 1947 figures in brackets)

Reference to Table I indicates that the high birth-rate since the war has been maintained but shows some decline for the last two years.

Of the 5,353 births, 327 (males 166, females 161) were illegitimate.

The comparative figures for 1947 were 389, 197 and 192.

The percentage illegitimacy in 1948 was 6.1 (1947, 6.4), approximately half what it was in 1945.

TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 39 years—1910-1948

Year	Estimated Population	Birth-rate	Death-rate	Zymotic (Death-rate)	Infant Mortality
1910	226,154	23.7	13.4	.7	126.3
1911	227,634	22.9	13.4	1.4	130.0
1912	229,294	22.5	13.5	.9	109.0
1913	230,970	22.8	13.3	.7	119.3
1914	232,664	22.1	14.1	1.1	119.9
1915	232,664	20.8	14.9	.5	122.8
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.95
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3

Stillbirths

There was a total of 136 stillbirths, 75 being males and 61 females.

The comparative figures for 1947 were 166, 87 and 79.

The stillbirth-rate is a most important index of the viability of the unborn foetus. It is therefore of interest to compare the rates for recent years.

1948 ..	1	stillbirth per	40	total births
1947 ..	1	,,	37	,, ,,
1946 ..	1	,,	39	,, ,,
1945 ..	1	,,	38	,, ,,
1944 ..	1	,,	41	,, ,,
1943 ..	1	,,	36	,, ,,
1942 ..	1	,,	34	,, ,,
1941 ..	1	,,	28	,, ,,
1940 ..	1	,,	31	,, ,,
1939 ..	1	,,	29	,, ,,
1938 ..	1	,,	30	,, ,,

It is interesting to note that the proportion of stillbirths has remained at much the same level during the last five years, though better than before the war. Obviously, a further effort must be made to reduce this mortality.

Infant Mortality

The total deaths of infants under one year of age were 205 (285), giving an infant mortality rate of 38.3 per 1,000 live births.

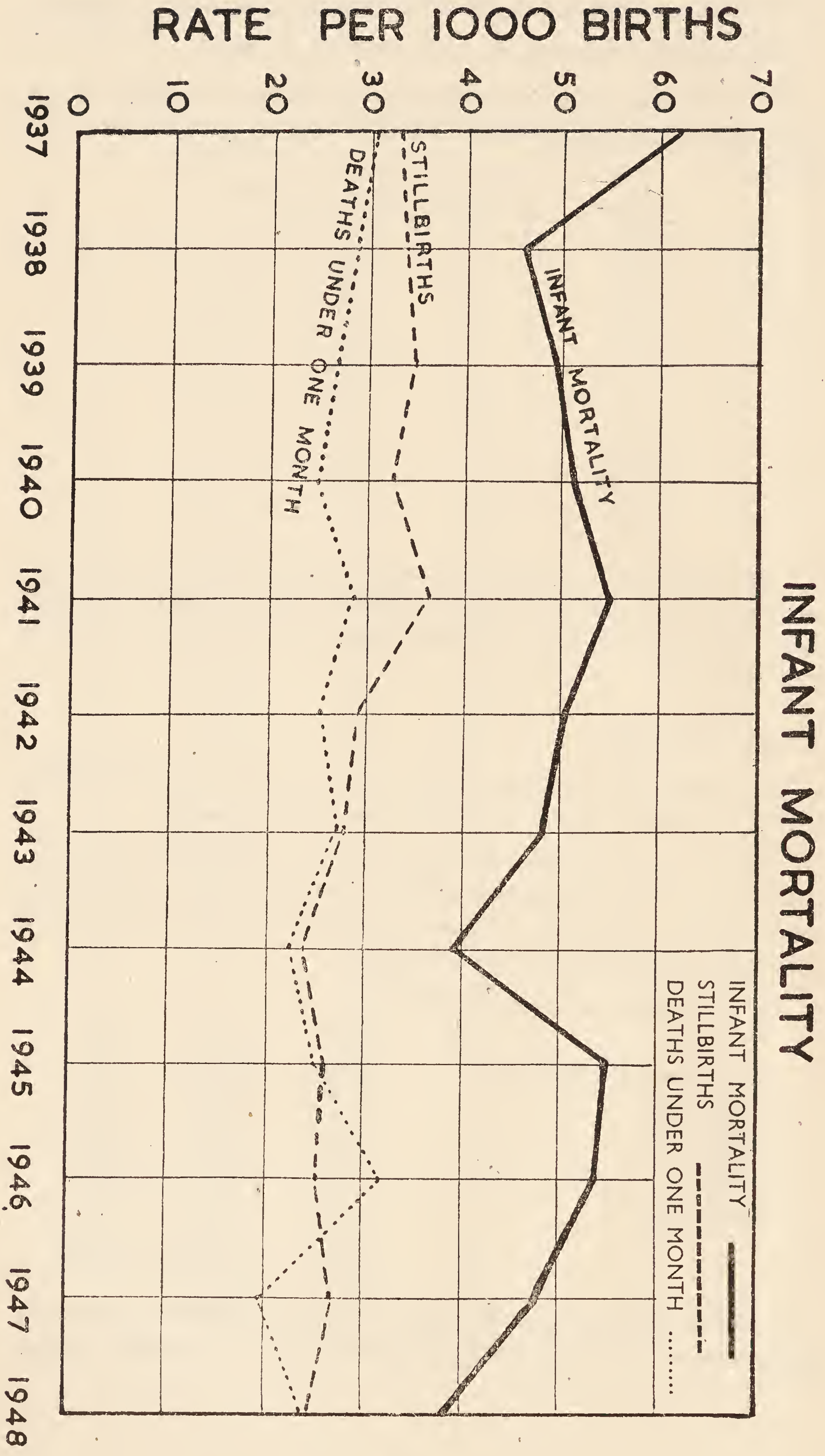
This is the lowest infant mortality rate ever recorded for the City, but when it is appreciated that certain towns have rates in the twenties (Bristol 24.5, Plymouth 29.7, for example) it will be realised that Leicester has still room for improvement !

The main causes of infant deaths were :

	Males	Females	Total
Congenital Malformations ..	45 (46)	33 (28)	78 (74)
Prematurity	29 (19)	23 (31)	52 (50)
Pneumonia	16 (17)	8 (18)	24 (35)
Diarrhoea	15 (46)	3 (34)	18 (80)
Violence	7 (7)	5 (4)	12 (11)
Other causes	12 (22)	9 (13)	21 (35)
	124 (157)	81 (128)	205 (285)

It will be obvious from a perusal of the above figures that the main improvement is in the deaths from diarrhoea. In my last Report

GRAPH 1


INFANT MORTALITY
RATE PER 1000 BIRTHS
0
10
20
30
40
50
60
70
1937
1938
1939
1940
1941
1942
1943
1944
1945
1946
1947
1948
STILLBIRTHS
DEATHS UNDER ONE MONTH
INFANT MORTALITY
INFANT MORTALITY
STILLBIRTHS
DEATHS UNDER ONE MONTH ....

I commented strongly on this subject and it is very satisfactory to note the marked improvement.

There is, however, a matter on which I want to say something ! I have already referred to the stillbirth mortality. This is intimately bound up with the number of deaths from congenital malformations and prematurity (130), which together comprise over 60 per cent. of the total infant deaths. Looking at this problem somewhat differently (by combining the stillbirths and the deaths from congenital causes), it will be noted that out of the total of 5,489 pregnancies (excluding multiple births) in 1948, at the end of the first year of life, 5,148 children were alive—or that 341 had not survived to the end of the first year of extra uterine life.

Of these 341 failures (as I will call them), causes connected with pregnancy (i.e., stillbirths and infant deaths from congenital cause and prematurity) accounted for 266 or 78 per cent. of the total.

A very great deal has been done of late years to reduce those causes that operate against infant life in the final eleven months of the first year of life (i.e., all the first year except the neonatal period), and great success has been achieved.

We must now concentrate on reducing the mortality from stillbirths and neonatal causes if we are to reduce the infant mortality rate any further.

Marriages

The number of marriages solemnised in Leicester was 2,968 (3,039).

The above phrase has occurred in the Leicester Health Reports for many years. "Solemnised" used to have a more emphatic meaning than it sometimes has today. It is worth while recording that the family still is, and must be, the most important unit in the world.

Death-Rate

The total number (corrected) of deaths was 3,027 (3,355), namely, 1,548 (1,679) males, and 1,479 (1,676) females.

The death-rate was therefore 10.8 (12.2). This death-rate is much the lowest ever recorded for the City. (1938, 11.2 was the record up to this year.)

But again, we must not be satisfied, for as I pointed out when discussing the infant mortality rate, several other towns comparable to

Leicester can show us a considerable improvement, e.g., Coventry 8.8 and Birmingham 9.8. The whole of England and Wales reached 10.8.

It must be remembered that all these figures are for deaths per 1,000 population.

The Registrar-General's return is shown at Table 2 and comparable figures for recent years and other towns in Tables 1 and 3 respectively.

General Comment on Mortality Figures. (See Table 2)

There was a drop in the number of deaths in 1948 from the following causes :

Respiratory tuberculosis, cancer of stomach and duodenum, diabetes, intercranial haemorrhage, heart disease, bronchitis, pneumonia, diarrhoea (under two years of age), and road traffic accidents.

There was an increase in other forms of cancer and from suicide.

Cancer—526 (492) deaths.

In this connection it is worth while noting that there were, among the above number, 68 deaths from cancer of the breast and 28 from cancer of the uterus (womb).

But both these two kinds of cancer are easy to diagnose even in the early stages and with early diagnosis and treatment there is a very great chance of complete eradication and cure.

Approximately 75 women are alive and well out of every 100 treated, ten years after treatment, for cancer of the breast or uterus, if treatment has been reasonably early.

The answer to this problem is obviously one of education.

If any woman who can feel a lump in her breast, which when it is felt by the flat of the hand feels like a marble, would immediately go to her doctor and ask his advice—if every woman who gets irregular bleeding from the front passage would also seek advice at once—most of the deaths from cancer of these two types would be saved.

Pain is not the first symptom of cancer of the breast or womb. Proper advice for the "marble"-like lump or for irregular bleeding is of vital importance.

Heart and Vascular Disease

Out of 3,027 deaths, 1,266 (or 42 per cent.) were assigned to this cause.

But to some extent I feel that undue emphasis can be laid on these figures. We have to die sometime and it usually is, unless there is some more specified cause of death, that the death is put down to some form of heart failure—faut de mieux !. It is, of course, more frequent in the aged and out of 1,266 cases, 950 were persons of 65 years of age and over.

Included in the above figures were 313 deaths from cerebral haemorrhage (strokes or apoplexy) really due to degeneration of the arteries and associated high blood pressure.

Respiratory Disease. Bronchitis, 165 deaths (194) ; pneumonia, 93 deaths (146).

Tuberculosis. 183 deaths. A low record. For further details see Appendix I.

Nephritis—(kidney diseases). 92 deaths (92).

Suicide. 44 deaths (35).

Road Traffic Accidents. 16 deaths (31). A distinct improvement.

INCIDENCE OF INFECTIOUS DISEASES

Measles. 2,482 cases were notified (3,897) with no deaths (5).

Scarlet Fever. Notifications 470 (353). No deaths.

Whooping Cough. Notifications 970 (459). One death (2).

Typhoid and Paratyphoid Fevers. Three cases—no deaths.

Cerebro-Spinal Fever. Notifications 25 (17). Three deaths (two).

Diphtheria. Notifications 32 (27). One death (0).

Diphtheria Immunisation

	Under 5	Over 5	Total
Number of children immunised in 1948..	3949 (2009)	401 (336)	4350 (2345)
Number of children given "boosting" dose in 1948	687 (264)	1485 (2810)	2172 (3080)
Number of cases of genuine diphtheria during 1948 in "immunised" children	2 (3)	9 (7)	11 (10)
Number of deaths from genuine diphtheria during 1948 in "immunised" children	Nil	Nil	Nil

(Note : 1947 Figures in brackets)

Anterior Poliomyelitis

After the severe outbreak from this disease in 1947, the notifications (18) reverted to a more normal rate in 1948. There were no deaths.

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1948

GRAPH 2

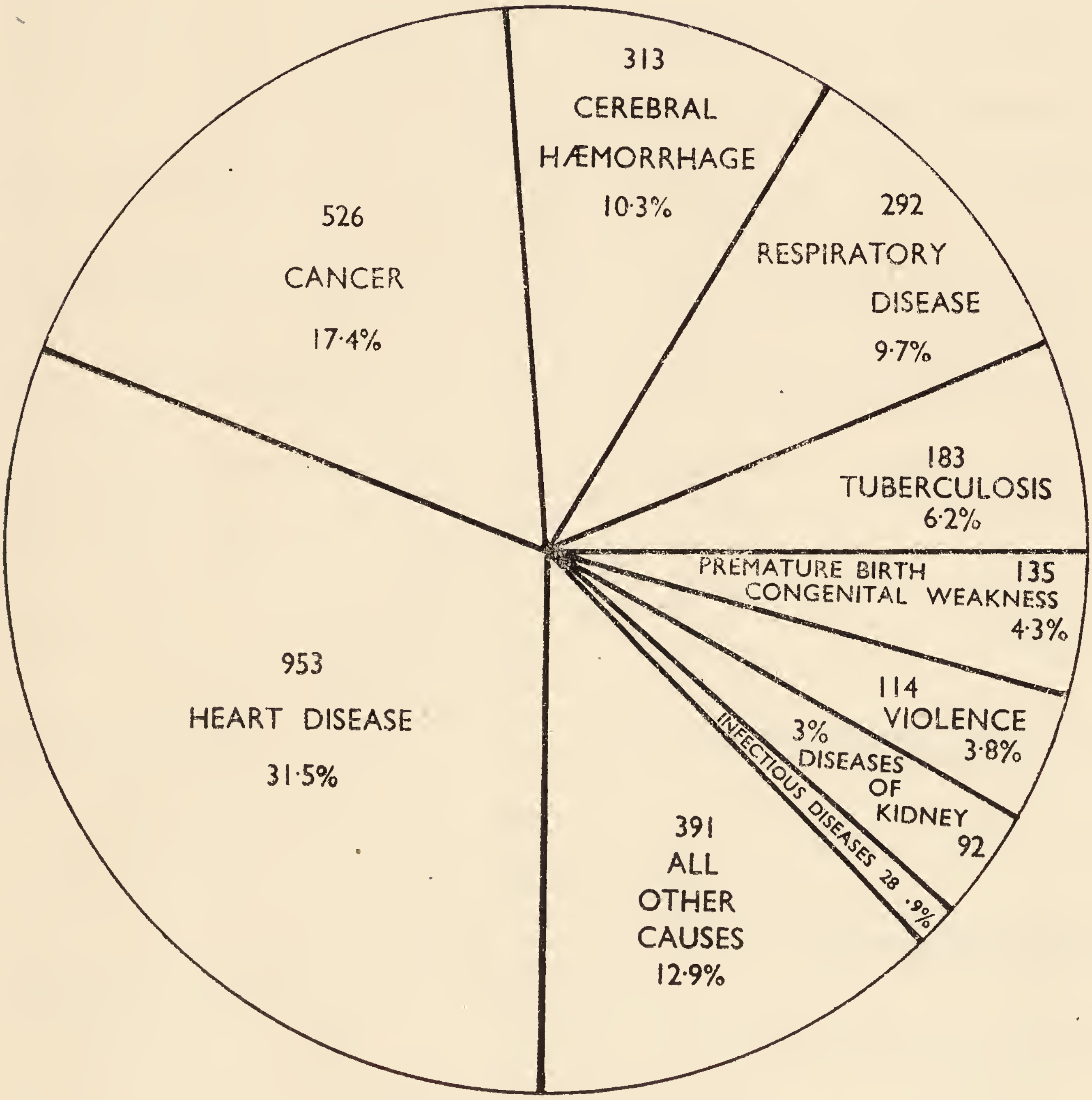


TABLE 2

CAUSES OF DEATH	Sex	All Ages	0—	1—	5—	15—	45—	65—
ALL CAUSES	M	1548	124	10	8	141	443	822
	F	1479	81	10	9	142	310	927
1. Typhoid and Paratyphoid Fevers	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
2. Cerebro-Spinal Fever ..	M	1	1	–	–	–	–	–
	F	2	2	–	–	–	–	–
3. Scarlet Fever	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
4. Whooping Cough ..	M	1	1	–	–	–	–	–
	F	–	–	–	–	–	–	–
5. Diphtheria	M	–	–	–	–	–	–	–
	F	1	–	–	1	–	–	–
6. Tuberculosis of Respiratory System	M	93	–	–	–	45	39	9
	F	68	–	–	1	48	15	4
7. Other forms of Tuberculosis	M	10	–	4	–	5	–	1
	F	12	1	1	3	4	2	1
8. Syphilitic Disease ..	M	5	–	–	–	2	2	1
	F	8	–	–	–	1	3	4
9. Influenza	M	1	–	–	–	–	–	1
	F	3	–	–	–	–	1	2
10. Measles	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
11. Acute Poliomyelitis and Polioencephalitis	M	–	–	–	–	–	–	–
	F	–	–	–	–	–	–	–
12. Acute Inf. Encephalitis	M	2	–	–	–	1	1	–
	F	2	–	–	–	–	2	–
13. Cancer of Buccal Cavity and Oesophagus (M) ..	M	24	–	–	–	1	5	18
Uterus (F)	F	28	–	–	–	5	13	10
14. Cancer of Stomach and Duodenum	M	48	–	–	–	2	21	5
	F	26	–	–	–	1	7	18
15. Cancer of Breast ..	F	68	–	–	–	3	44	21
16. Cancer of all other Sites	M	196	–	–	–	15	78	103
	F	135	–	1	–	13	43	78
17. Diabetes	M	6	–	–	–	–	4	2
	F	16	–	–	1	1	5	9
18. Intra Cranial Vascular Lesions ..	M	122	–	–	–	2	36	84
	F	191	–	–	–	4	47	140

TABLE 2—continued.

CAUSES OF DEATH	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Heart Disease ..	M	387	–	–	1	17	99	270
	F	434	–	–	1	19	58	356
20. Other Diseases of Circulatory System ..	M	56	–	–	–	2	16	38
	F	76	–	–	–	2	12	62
21. Bronchitis	M	105	3	–	–	5	32	65
	F	60	1	1	–	1	11	46
22. Pneumonia	M	58	16	2	–	1	9	30
	F	35	8	1	–	1	8	17
23. Other Respiratory Diseases ..	M	17	–	–	–	3	11	3
	F	17	–	–	–	1	6	10
24. Ulcer of Stomach and Duodenum	M	27	–	–	–	–	18	9
	F	8	–	–	–	3	2	3
25. Diarrhoea, under 2 years	M	15	15	–	–	–	–	–
	F	4	3	1	–	–	–	–
26. Appendicitis	M	6	–	–	–	1	1	4
	F	2	–	–	–	–	–	2
27. Other Digestive Diseases	M	30	–	1	–	2	10	17
	F	27	2	–	1	3	6	15
28. Nephritis	M	50	1	–	–	3	16	30
	F	42	–	1	–	8	4	29
29. Puerperal and Post-Abortive Sepsis ..	F	–	–	–	–	–	–	–
30. Other Maternal Causes ..	F	6	–	–		6	–	–
31. Premature Births ..	M	29	29	–	–	–	–	–
	F	23	23	–	–	–	–	–
32. Congenital Malformations, Birth Injuries, Infant Disorders ..	M	47	45	–	1	1	–	–
	F	36	33	1	1	–	–	1
33. Suicide	M	27	–	–	–	7	13	7
	F	17	–	–	–	6	7	4
34. Road Traffic Accidents ..	M	12	–	1	2	4	1	4
	F	4	–	–	–	–	–	4
35. Other Violent Causes ..	M	35	7	1	1	11	6	9
	F	19	5	2	–	1	3	8
36. All Other Causes ..	M	138	6	1	3	11	25	92
	F	109	3	1	–	11	11	83

TABLE 3

SUMMARY OF COMPARATIVE VITAL STATISTICS FOR 1948

Authority	Population (as estimated by Registrar-General, Mid-1948)	Per 1,000 Population		Death Rates per 1,000 Population from :								Influenza	Pneumonia	Cancer (all forms)	Diarrhoea under 2 years of age (per 1,000 births)	Infant Mortality Rate (per 1,000 live births)	Maternal Mortality (per 1,000 total births)		
		Birth Rate	Death Rate	Typhoid and Para-typhoid Fevers	Scarlet Fever	Whooping Cough	Diphtheria	Measles	Acute Polio-myelitis and Polioencephalitis	Tuberculosis							From Sepsis	F'm other causes	Total
										Respiratory	Other Forms								
Birmingham	1,096,100	19.5	9.8	†	.00	.03	.00	.01	.01	.59	.04	.03	.46	1.82	3.2	31.6	†	.69	.69
Bradford	288,500	18.8	13.4	†	†	.01	†	.00	†	.42	.06	.02	.59	2.24	5.1	43.0	†	.89	.89
Bristol	435,000	18.0	10.5	.00	†	.01	†	.00	.00	.47	.06	.02	.44	1.78	0.3	24.5	.37	.37	.74
Cardiff	240,600	20.2	11.0	.00	†	.01	†	.00	.00	.68	.06	.02	.50	1.92	4.3	36.1	.19	.60	.79
Coventry	250,400	20.3	8.8	.00	†	.02	†	.01	.00	.50	.10	.01	.36	1.40	3.1	45.5	.39	.78	1.17
Kingston-upon-Hull ..	294,200	22.7	11.1	†	†	.01	†	.01	.01	.58	.09	.01	.72	1.80	6.1	46.2	†	.72	.72
Leeds	501,900	18.4	11.8	†	†	.01	.00	.00	.00	.49	.05	.04	.46	1.91	6.6	35.0	†	.21	.21
Leicester	280,300	19.1	10.8	†	†	.00	.00	†	†	.57	.07	.01	.33	1.88	3.5	38.3	†	1.09	1.09
Liverpool	791,800	22.3	11.4	.00	†	.03	.01	.01	.00	.79	.10	.02	.59	1.80	10.2	54.0	.16	.60	.76
Manchester	693,000	19.9	12.2	.00	†	.03	.00	.02	.01	.69	.07	.02	.51	2.00	4.2	42.1	.07	.71	.78
Newcastle-upon-Tyne ..	293,600	19.4	11.8	.00	†	.01	†	.00	†	.77	.08	.01	.45	2.00	5.4	38.0	†	.85	.85
Nottingham	296,900	19.8	10.9	†	†	.00	.00	.00	.00	.67	.11	.00	.56	1.71	5.9	44.3	.16	.33	.49
Plymouth	188,940	21.3	12.2	.00	†	.01	.00	†	.00	.73	.12	.02	.48	2.09	2.7	29.7	.24	.49	.73
Portsmouth	216,200	21.0	11.0	.00	†	.01	†	.00	.01	.54	.06	.02	.37	1.82	1.9	23.3	.21	1.29	1.50
Sheffield	514,400	17.7	11.3	.00	†	.05	.00	.01	.00	.44	.05	.01	.42	1.98	4.7	32.0	.11	.53	.64
Stoke-on-Trent ..	273,600	20.0	10.7	†	†	.04	†	.01	.00	.54	.05	.03	.51	1.83	6.9	42.0	.17	.35	.52
Sunderland	180,600	21.4	12.4	†	†	.03	†	.01	.00	.59	.14	.04	.65	2.02	9.3	55.0	.25	.76	1.01
126 Great Towns ..	—	20.0	11.6	.00	*	.02	.00	*	.01	.59	*	.03	.38	*	4.5	39.0	*	*	*
England and Wales ..	—	17.9	10.8	.00	*	.02	.00	*	.01	.51	*	.03	.41	*	3.3	34.0	.24	.78	1.02

NOTE : The sign † indicates no deaths. * Registrar-General's figures not available

TABLE 4

MUNICIPAL WARDS. VITAL STATISTICS, 1948

	DEATHS							
	0 to 1 year	1 to 5 years	5 to 65 years	Over 65 years	Total all ages	Deaths under 1 year	Infant Mortality	Births (corrected)
1. St. Margaret's	19	2	81	133	235	19	61.9	307
2. Latimer	12	1	78	125	216	12	29.3	409
3. Charnwood	14	1	70	116	201	14	61.7	227
4. Spinney Hill	5	–	59	135	199	5	18.6	269
5. Wycliffe	15	1	64	104	184	15	47.2	318
6. Castle	15	2	60	134	211	16	64.5	248
7. Westcotes	17	–	92	142	251	17	49.1	346
8. Newton	13	–	55	98	166	13	25.2	515
9. Abbey	12	3	54	87	156	12	48.4	248
10. Belgrave	18	–	62	107	187	18	41.7	432
11. Humberstone	11	3	59	82	155	11	34.4	320
12. Evington	8	–	38	58	104	8	42.3	189
13. Knighton	5	1	51	137	197	5	22.5	222
14. De Montfort	8	2	80	92	182	8	20.7	386
15. Aylestone	8	3	66	105	182	8	26.2	305
16. North Braunstone	22	1	87	88	198	22	51.0	431

TABLE 5

Showing the number of Deaths from certain Infectious Diseases in the Fourteen Years 1935-1948

Disease	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Measles	9	0	10	1	1	10	1	2	1	0	5	1	5	0
Scarlet Fever	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria	8	7	20	33	23	50	20	8	3	6	1	1	0	1
Whooping Cough ..	16	11	11	9	12	2	12	1	7	4	2	3	2	1
Diarrhœa } Under two Enteritis } years of age	23	20	21	17	25	11	28	45	25	25	43	76	83	19
Influenza	26	33	117	20	37	86	32	26	92	16	20	26	9	4
Puerperal Fever	8	9	5	5	0	2	1	4	4	3	1	1	0	0
Cerebro-Spinal Fever ..	4	1	3	4	3	10	10	9	4	1	2	4	2	3
Poliomyelitis	1	0	0	0	0	0	1	1	0	0	0	0	1	0
Encephalitis Lethargica ..	3	2	4	4	2	4	2	3	0	1	2	1	6	4
Pneumonia	135	192	171	154	138	207	168	109	133	112	147	148	146	93

TABLE 6. DEATHS FROM CANCER, 1948

Tabulated as to Age, Sex and Organ Affected, in accordance with local classification

Organ Affected	Under 35 years		35-65 years		Over 65 years		All Ages	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	—	—	—	—	1	—	1	—
Tongue	—	—	1	—	3	2	4	2
Jaw	—	—	—	—	1	—	1	—
Mouth	—	—	—	—	2	—	2	—
Larynx	—	—	1	—	8	1	9	1
Oesophagus ..	—	—	1	—	6	2	7	2
Stomach	1	1	21	4	24	24	46	29
Intestines	—	—	—	—	—	1	—	1
Colon	—	—	5	4	8	16	13	20
Rectum	—	1	8	4	23	18	31	23
Liver	1	—	—	3	5	7	6	10
Pancreas	—	—	5	1	7	5	12	6
Spleen	—	—	—	—	—	—	—	—
Lungs	2	—	19	1	6	5	27	6
Kidney	—	—	2	1	1	1	3	2
Bladder	—	—	2	—	5	1	7	1
Prostate	—	—	4	—	14	—	18	—
Testicle	—	—	2	—	—	—	2	—
Ovary	—	—	—	5	—	9	—	14
Uterus	—	—	—	1	—	26	—	27
Breast	—	1	—	28	1	33	1	62
Bones	—	—	2	—	1	—	3	—
Other Forms or not specified ..	3	4	37	24	24	35	64	63
Total ..	7	7	110	76	140	186	257	269

TABLE 7

CANCER STATISTICS, 1920-48
(Calculated locally)

Year	Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death-rate per 100,000 Population
1920	257	8.9	104
1921	307	10.6	129
1922	276	9.0	116
1923	274	9.8	114
1924	281	9.5	116
1925	318	10.1	131
1926	395	13.2	163
1927	324	10.6	132
1928	349	12.7	142
1929	357	10.4	145
1930	372	13.5	151
1931	357	11.9	148
1932	356	11.8	148
1933	367	11.9	152
1934	377	13.3	156
1935	384	12.9	150
1936	392	12.9	150
1937	366	11.2	139
1938	417	14.1	158
1939	423	14.0	161
1940	447	11.9	172
1941	471	14.5	177
1942	465	15.9	179
1943	487	15.0	191
1944	519	16.9	202
1945	496	15.9	193
1946	504	15.3	187
1947	492	14.7	178
1948	526	17.4	188

SECTION B

Provision of Health Services in the Area

I propose in this section of the Annual Report to give a brief summary of the effect of the National Health Service Act, 1946, on the provision of the health services for the City. It will probably be most convenient if I deal with the matter according to the different parts and sections of the Act itself.

NATIONAL HEALTH SERVICE ACT, 1946. PART II

It is under this section that the duty is laid upon the Minister of Health to provide a hospital and specialist service. On the appointed day, the 5th July, 1948, the three hospitals which up to that date had been administered by the City Health Committee, namely, the City General Hospital, the City Isolation Hospital and Sanatorium, and Westcotes Municipal Maternity Home, passed from the control of the Health Committee to the Regional Hospital Board. In addition, the premises at 59 Regent Road, which had been used for many years as the Tuberculosis Dispensary, together with the medical and clerical staff (but not the nursing staff) passed to the control of the Board.

In accordance with the provisions of Part II of the Act, Hospital Management Committees were appointed to control the day-to-day administration of the transferred hospitals and institutions, and in the case of Leicester, four such committees were appointed, the City General Hospital (renamed the Leicester General Hospital) and Westcotes Municipal Maternity Home (renamed Westcotes Maternity Hospital) passing to the control of Hospital Management Committee No. 1, and the City Isolation Hospital and Sanatorium (renamed the Leicester Isolation Hospital and Chest Unit), together with the Tuberculosis Dispensary (renamed the Chest Centre), passing to the control of Hospital Management Committee No. 2.

One of the main defects of the National Health Service Act was the risk of the development of three entirely separate systems of health services, viz., the Hospital and Specialist Service, the Local Health Authority Service and the General Practitioner Service. It is therefore of the utmost importance that every method of co-ordination should be established, and with this end in view it is interesting to note that Mr. Councillor Round (Chairman of the City Health Committee) was appointed on the Regional Hospital Board and as Chairman of Hospital Management Committee No. 2, Mr. Councillor Gallimore and the Medical Officer of Health were appointed as members of Hospital Management Committee No. 2, and Mr. Councillor Milliard on Hospital Management Committee No. 1. In the reverse direction, a representative (Colonel Halkyard) from Hospital Management Committee No. 1, was co-opted on to the City Health Committee ; thus some degree of co-ordination between the Hospital and Local Health Authority services was assured.

In addition to these measures, a liaison committee of officers, meeting about once in three months at Sheffield, was formed, consisting of the Senior Administrative Medical Officer of the Sheffield Regional Hospital Board and his medical staff, together with the Medical Officers of Health of all the County Councils and the County Borough Councils in the Region. These methods of co-ordination and liaison have been most helpful.

PART III OF THE ACT

LOCAL HEALTH AUTHORITY SERVICES

It will be convenient if this part of the Act is dealt with section by section.

Section 19. Local Health Authorities

The formal appointment (under Part II of the Fourth Schedule) of the statutory Health Committee, to come into operation on the appointed day, was made under this section. In actual fact, all the members of the existing Health Committee were appointed on the statutory Health Committee and, in addition, there were three co-opted members, representing Hospital Management Committee No. 1, the Executive Council and the local medical profession. In this way, some degree of co-ordination between the bodies responsible for the different parts of the Act was further achieved.

The following sub-committee structure to meet the various responsibilities of the Local Health Authority under Part III of the Act was decided upon :

(*a*) The old Maternity and Child Welfare Sub-Committee was split into two, namely :

(i) The Maternal Welfare Sub-Committee, responsible for the midwifery service and the ante-natal service. A representative of the Local Dental Committee (Mr. Everard Turner, L.D.S.,) was co-opted on to this committee.

(ii) The Child Welfare Sub-Committee, responsible for the work of the health visitors, the infant welfare service and the day nurseries.

(*b*) The General Welfare Sub-Committee, responsible for all the work under Section 28 of the Act, and for the Home Help Service under Section 29.

(*c*) The Mental Health Services Sub-Committee, responsible for the domiciliary mental health service, passed to the Local Health Authority under Section 51 and Section 28 of the Act. (Dr. T. W. Davidson, Medical Superintendent of the Towers Hospital, Leicester, was co-opted on to this committee).

(*d*) The Ambulance Service Sub-Committee, responsible for the work under Section 27 of the Act.

(*e*) The existing sub-committees, viz., General Purpose, Health Inspection, and Accounts, remained as heretofore.

Provision was also made for the appointment of a Building and Sites Sub-Committee, whose responsibility will mainly lie in the building of health centres. No meeting, however, of this sub-committee has been held during the period under review.

Section 20. Proposals

Under this section it was the duty of the Local Health Authority to submit to the Minister formal Proposals for carrying out their duties under the following eight sections of the Act. These Proposals also had to be submitted to every voluntary organisation which provided in the area services of the kind dealt with in the Proposals, to the Executive Council and to the Regional Hospital Board, in order that these organisations might have an opportunity to submit Proposals to the Minister recommending modifications. It is satisfactory to report that no matter of real principle was submitted by any organisation, and that the Local Health Authority's Proposals proved acceptable both to the Minister and to all other interested parties.

In drawing up the Proposals an attempt was made to envisage what might be considered necessary in the future, and with this object in view, the Proposals were made as wide as was reasonable.

Section 21. Health Centres

Under this section it is the duty of the Local Health Authority to provide, equip and maintain health centres. No action was taken during the year under review under this section, except that consideration has been given to the provision of a temporary clinic to provide facilities for the Maternity and Child Welfare and School Health Service Departments, which might develop into a health centre on the New Parks Estate.

Section 22. Care of Mothers and Young Children

Under this section it is the duty of the Local Health Authority to make arrangements for the care of expectant and nursing mothers, and of children who have not attained the age of five years and are not attending school. Although the Local Health Authority had power to make such arrangements in the past, it is now a duty and, properly construed, of a very comprehensive character. Further details of the Maternity and Child Welfare Service will be found in Dr. Humphreys' report (see Appendix II), but I will, here, summarise the main proposals as approved by the Minister under this section.

(*a*) *Ante-Natal Clinics*

It is proposed to increase the number of ante-natal clinics so as to provide clinics at New Parks and Humberstone Village, and additional sessions in the centre of the City.

(*b*) *Post-Natal Clinics*

It is proposed to provide a scheme of eight post-natal clinics to cover the whole of the City.

(*c*) *Infant Welfare Centres*

It is proposed to provide additional infant welfare centres in the New Parks and Coleman Road districts.

(*d*) *Premature Infants*

Particular emphasis has been laid on the importance of a proper scheme for the care of premature infants, in consultation with the Regional Hospital Board.

(*e*) *Dental Care*

In the past it has only been possible to provide five sessions a week for the dental treatment of expectant and nursing mothers and of young children. This service was provided in co-operation with the School Dental Service.

Under the formal Proposals the Local Health Authority decided to provide the services of the equivalent of two whole-time dentists, thus giving to Section 22 work 22 sessions a week, which it was thought would be adequate cover. Unfortunately, largely owing to the operation of the National Health Service Act, the School Dental Service—which it was hoped would provide the staff for this work—became very much the Cinderella of national dentistry, it being possible for ordinary dentists carrying out general practice to earn a much greater income than was paid to the school dentists. The result was, of course, a complete shut-down on all further recruitment to the whole-time service, which meant that we have been unable to obtain the additional staff necessary, a most unfortunate state of affairs.

During the year under review, therefore, it was quite impossible to put into force the proposal for increased dental treatment for the priority classes, but, at the time of writing (July, 1949), an arrangement has been made for providing seven evening sessions a week to be given as a temporary expedient by the remaining whole-time dental staff. I am very grateful to them for this help.

(*f*) *Maternity Outfits*

Another Proposal is to make available adequate maternity outfits as may be required for the purpose of domiciliary confinements, without charge to the recipient.

(*g*) *Day Nurseries*

It is proposed to continue all the existing day nurseries and to provide accommodation for the establishment at Braunstone Park of two day nurseries accommodating 90 children. These will be in adapted hutments and will serve the Braunstone Camp and Estate.

(*h*) *Residential Nurseries*

The residential nurseries at 140 Regent Road and 136 Westcotes Drive have been transferred under the Children Act to the administration of the Children's Committee and Children's Officer. It is hoped that the medical supervision of the children in these nurseries will continue as heretofore.

Section 23. Midwives Service

This section continues the duty of the Local Health Authority under the Midwives Act, 1936, to provide an adequate domiciliary midwifery service. The Local Health Authority remains the Local Supervising Authority for the purpose of the Midwives Acts, 1902-1936.

Under the Proposals relative to this section, it is proposed to increase the number of whole-time midwives up to a maximum of 36, as the need arises.

An interesting part of this section deals with the power given to the Minister to prescribe the qualifications of medical practitioners called in in a midwifery emergency, whose fees are payable by the Local Health Authority. Regulations have been made regarding this matter and a statutory committee, called the Local Obstetric Committee, has been established to decide which individual medical practitioners shall be put on the list of general practitioner obstetricians.

The Obstetric Committee in Leicester consists of Mr. T. C. Clare, F.R.C.S., Consultant Obstetrician, who is the Chairman ; Dr. T. W. Allen and Dr. C. L. Somerville, General-Practitioner-Obstetricians, and the Medical Officer of Health, with the Clerk to the Executive Council as Secretary.

This committee has met on several occasions and took as its standard in deciding whether a medical practitioner should be put on the list or not, the following :

The medical practitioner must

1. Have held a resident appointment for at least six months in an obstetric hospital, or
2. Have a specialist obstetric qualification, or
3. If recently demobilised from the Defence Forces, have held at least a two months' post-graduate course in obstetrics, or
4. Hold a current appointment at a maternity hospital, or
5. Have been in general practice for not less than two years, including the last two years, carrying out the midwifery of the practice during which time he had conducted at least 25 domiciliary confinements a year.

The above standard was applied to all applicants and resulted in the great majority being accepted by the committee.

It is always difficult when trying to establish a new principle to do so at once and there usually has to be an interim period in which the new idea has to overflow the old. I am of the opinion that, ultimately, it will be desirable to restrict the number of general-practitioner-obstetricians very substantially, so that it will be the custom for the midwives to deal with all normal cases and the doctor only to be called in in a real emergency. This principle requires that the general-practitioner-obstetrician should be a specialist in difficult obstetrics, and I feel, therefore, that he should be the possessor preferably of a specialist qualification, or at least have held resident appointments in an obstetric hospital.

For a long time it has been the custom in general medical practice for the general practitioner to undertake the confinements among his patients, not necessarily because he wants to do so—although, of course, this is genuinely the case quite often—but rather because he has to do so to keep an interest in the remainder of the family. I feel that this is wrong, and while I welcome the birth of the genus general-practitioner-obstetrician, I hope it will not be long before their numbers are restricted to those practitioners with real specialist experience.

Section 24. Health Visiting

This section breaks new ground in that it extends the duty of the health visitor (who largely in the past had been restricted to giving advice to expectant and nursing mothers and young children) to persons suffering from illness and to the prevention of infectious disease in addition to her other responsibilities. This means, of course, that the health visitor can become the social worker of the future.

I hope that as time goes on it will be possible to reorientate her work (and incidentally this will mean an increase in the number employed) so that she will not only undertake her former duties but be available to the general medical practitioner as his domiciliary nurse-adviser to persons suffering from illness but with a strong emphasis on the after-care and rehabilitation of such persons.

Section 25. Home Nursing

Under this section of the Act it is the duty of every Local Health Authority to make provision for the attendance of a nurse on persons who require nursing in their own homes. This can be done either by the Local Health Authority employing the nurses themselves or by their making an arrangement with some voluntary organisation to act as the Local Health Authority's agents. In Leicester we were fortunate in that we had a very efficient District Nursing Association, affiliated

LEICESTER DISTRICT NURSING ASSOCIATION. NURSING REPORT

Home	Period	No. of Patients	No. of Visits	Principal Illnesses Nursed							
				A	B	C	D	E	F	G	H
Central ..	July to Sept., 1948	408	12,892	11	8	19	8	40	138	26	158
	Oct. to Dec., 1948	443	14,994	29	1	7	6	69	130	34	167
Humberstone	July to Sept., 1948	73	1,812	9	–	4	4	8	13	35	—
	Oct. to Dec., 1948	109	2,315	22	–	5	1	17	23	41	—
Belgrave ..	July to Sept., 1948	194	5,194	6	–	9	5	17	47	110	—
	Oct. to Dec., 1948	217	5,464	16	–	10	3	28	44	116	—
West End ..	July to Sept., 1948	236	5,384	9	–	23	10	38	82	30	44
	Oct. to Dec., 1948	275	6,023	30	4	19	9	43	92	35	43
Aylestone ..	July to Sept., 1948	74	2,024	3	–	5	3	11	34	17	1
	Oct. to Dec., 1948	122	2,754	11	–	20	3	21	47	20	—
Total ..	July to Sept., 1948	985	27,306	38	8	60	30	114	314	218	203
	Oct. to Dec., 1948	1,166	31,550	108	5	61	22	178	336	246	210

A—Pneumonia and other Chest Compalints
B—Influenza
C—Cancer
D—Insulin
E—Children under 5
F—Dressings
G—Chronic cases other than Cancer
H—Others

to the Queen's Institute of District Nursing. The Health Committee felt that, under these circumstances, it would be wrong for the authority to take over the work of home nursing, and preferred to ask the existing Association to accept the nomination on the Committee of Management of four members of the Health Committee and then to continue as the authority's agents. This decision has led to an entirely happy arrangement for the continuance of the service. The Health Committee has accepted responsibility for meeting a hundred per cent. cost of the service, and the old Association has appointed a new Committee of Management of 14 members, of whom four represent the Local Health Authority.

From the point of view of the patient, there has been no change in the service, which has continued as heretofore, though it is hoped as additional staff becomes available to increase the number of nurses up to a maximum of 45, who will provide a full 24-hour service.

The Health Committee has bought the Nurses' Homes and their equipment belonging to the old Association, as this appeared desirable from the point of view of long-term policy.

I am very glad to be able to pay the highest possible tribute to the way in which the nurses, superintendents and administrative staff have continued to carry out their duties under the new régime. There has been the happiest state of co-operation between the Health Department and the Association's staff.

Just before the appointed day, the Association adopted the principle of appointing a Senior Superintendent of Home Nursing, and Miss C. Sadler—an ex-Inspector of the Queen's Institute of District Nursing—accepted this position.

At the same time, Miss E. M. Sills replaced Mr. Shirley Morris as Secretary, which position he had held for a considerable number of years.

Section 26. Diphtheria Immunisation and Vaccination

Under the National Health Service Act the old Vaccination Acts were repealed and vaccination against smallpox was placed on an entirely voluntary basis, so far as the patient was concerned, and on the same footing as had been diphtheria immunisation in the past.

It was, however, mandatory on the Local Health Authority to make arrangements with medical practitioners for the vaccination of persons against smallpox and the immunisation of such persons against diphtheria.

In addition, the Local Health Authority could, with the approval of the Minister, make arrangements for immunisation against any other disease. It was not, however, felt that medical knowledge anent the prevention of any other disease had reached a sufficient stage of accuracy to justify the inclusion of such procedure in the formal Proposals. It is hoped, however, that the position as regards immunisation against whooping cough will soon be stabilised, and that the formal adoption of Proposals against whooping cough may be possible.

As regards immunisation against diphtheria, the procedure already in operation for the immunisation of children at infant welfare clinics, at *ad hoc* clinics, in the schools, and by general practitioners, was continued.

Much the same procedure was adopted for vaccination, and power was taken to hold, as necessary, special campaigns to secure mass vaccination.

Unfortunately, owing to the fact that negotiations between the Ministry of Health and the British Medical Association regarding the fee to be paid to the general practitioner for the records which the Local Health Authority required of immunisation and vaccination had not been concluded, probably a large number of such records has not reached the department and therefore any figures included in this report as to the number of persons immunised or vaccinated, are incomplete. No doubt later on it will be possible to correct these as further information becomes available.

Section 27. Ambulance Service

With the introduction of the National Health Service Act, all transport by ambulance became free. As was expected, the number of calls upon the Ambulance Service greatly increased, and this increase is shown in the tables below, where the work carried out by the Ambulance Service during the first six months of the year is shown separately from that carried out during the second six months.

The Local Health Authority, fully aware that there would be an increase in the demands on the Service, and also that it could not by itself meet all the calls which would be made upon it, negotiated formal agreements with the Leicester and County Convalescent Homes Society and the St. John Ambulance Committee for the use of their ambulances. This arrangement has proved to be most satisfactory, and the help from these two Societies has been much appreciated. The work done by the vehicles of these two Societies is shown in separate tables.

In order to secure a reasonable measure of control of the agency arrangements, it was agreed that four representatives of the City Health Committee should serve upon the Committee of Management of the Leicester and County Convalescent Homes Society, and two representatives on the St. John Ambulance Committee.

The formal agreements which were negotiated required the Service to be carried out by the agents to the satisfaction of the Authority and of the Medical Officer of Health.

During the year, it was decided to appoint a Chief Ambulance Officer and three Junior Ambulance Officers to the administrative side of the ambulance staff. Mr. J. E. Oswell was appointed Chief Ambulance Officer, and three Junior Ambulance Officers were appointed at the same time.

The accommodation at Prebend Street being inadequate, negotiations were commenced with the Ministry of Health for the provision of a new Ambulance Station. It is thought desirable that there should be one large Ambulance Station capable of accommodating all ambulances and sitting-case cars which would be necessary for the City Ambulance Service, including cover for the two agencies. A most suitable site has been found in Welford Road, adjacent to the Leicester Tigers' Rugby Football ground, and negotiations are still proceeding for the building of this new station.

To meet the increased demands on the Service, the Council agreed to augment the staff to :

1	Chief Ambulance Officer
3	Junior Ambulance Officers
1	Senior Mechanic
1	Junior Mechanic
48	Driver/Attendants
7	Female Attendants
1	Clerk
1	Typist
2	Clerk Telephonists

As many of the vehicles had not been overhauled for some considerable time, an extensive repair and repainting programme was put into operation, so that by the end of the year most of the vehicles had been fully renovated and were appearing in their new colours of French grey with a crimson streamline.

It has already been noted that the Service is provided free to the user and therefore the utmost care has to be taken to see that there is no abuse. It has been laid down that free service is only to be provided if recommended by a medical or dental practitioner, a nurse, a midwife, a police officer or, if in the opinion of the Ambulance Officer on duty, transport is necessary.

The fullest possible use is made of sitting-case cars rather than of ambulances and, for long journeys, of rail transport.

It will be appreciated that the duty of removal by the Ambulance Service is laid clearly upon the authority in which the call originates, irrespective of the place to which the patient has to be removed. It has been agreed, however, with the Local Health Authority that the County will remain responsible for the removal of persons brought in from a County area to a City hospital as out-patients, unless there is actual admission as in-patients into the hospital. The City Ambulance Service continued to carry out the removal of a few County of Leicester cases, but this appears to be a diminishing service.

I am grateful for the co-operation of the City Transport Department, which has been of considerable assistance in maintaining the fleet in a good state of repair.

CITY AMBULANCE SERVICE

Monthly Returns for the year ending 31st December, 1948, including work carried out at the Isolation Hospital

	January	February	March	April	May	June	Totals
Accidents in Factories	27	15	19	21	35	45	162
Accidents in Streets	31	49	42	33	66	70	291
Illnesses	31	17	15	25	21	25	134
D.O.A. and Suicides, etc.	15	13	14	13	16	14	85
Services N/R	5	8	9	6	9	10	47
Maternity	169	124	14	136	156	256	855
Removals to and from Hospital	1,154	1,064	1,196	1,201	1,062	1,316	6,993
Gas and Air Delivered (Journeys)	140	120	146	135	142	141	824
Gas and Air Returned (Journeys)	127	114	96	89	84	80	590
Transport	151	140	161	146	155	162	915
Internal	25	30	26	29	28	34	172
Infectious	28	27	30	25	30	33	173
Total Calls	1,903	1,721	1,768	1,859	1,804	2,186	11,241
Total Miles Travelled	10,145	8,697	9,683	9,674	9,822	10,258	58,279

CITY AMBULANCE SERVICE

Monthly Returns for the year ending 31st December, 1948, including work carried out at the Isolation Hospital

Code	July	August	September	October	November	December	Totals
A. Out-Patients	739	760	1,869	1,812	2,030	2,026	9,236
B. Illness	371	363	397	362	417	432	2,342
C. Pre-Convalescent	101	101	90	371	187	208	1,058
D. Mental	22	3	18	12	12	10	77
E. Road Accidents	39	49	49	30	48	44	259
F. Maternity	130	124	118	108	106	169	755
G. Corpse	28	19	10	12	19	15	103
H. Other Accidents	76	80	74	65	65	53	413
X. Gas and Air Delivered	129	155	128	105	102	118	737
N.R. Not Required	19	25	20	27	40	47	178
Transport	234	312	215	213	198	245	1,417
Internal work at Hospital	25	30	26	29	28	34	172
Infectious Diseases	28	27	30	25	30	33	173
Total Calls	1,941	2,048	3,044	3,171	3,282	3,434	16,920
Total Miles Travelled	11,170	12,315	15,826	16,535	15,983	17,657	89,486

CITY AMBULANCE SERVICE

Monthly Returns for the year ending 31st December, 1948.

Work carried out by the Leicester and County Convalescent Homes Society for the City.

Code	July	August	September	October	November	December	Totals
A. Out-Patients	1,300	1,110	306	474	491	484	4,165
B. Illness	437	435	369	473	474	436	2,624
C. Pre-Convalescent	212	149	271	242	253	196	1,323
D. Mental	1	1	1	–	3	–	6
E. Road Accidents	6	5	8	5	4	–	28
F. Maternity	8	2	6	2	8	–	26
G. Corpse	–	2	1	2	3	–	8
H. Other Accidents	24	21	22	16	12	5	100
I. Infectious	1	–	–	–	–	–	1
N.R. Not required	3	2	1	7	3	–	16
T.R. Transport	3	4	1	8	1	8	25
Total Calls	1,995	1,731	986	1,229	1,252	1,129	8,322
Total Miles Travelled	7,638	7,764	6,827	7,788	7,930	6,941	44,888

CITY AMBULANCE SERVICE

Monthly Returns for the year ending 31st December, 1948.

Work carried out by the St. John Ambulance Brigade for the City

Code	July	August	September	October	November	December	Totals
A. Out-Patients	3	–	–	8	11	29	51
B. Illness	19	15	7	1	21	32	95
C. Pre-Convalescent	–	–	1	1	–	6	8
D. Mental	–	–	–	–	2	3	5
E. Road Accidents	2	–	1	–	1	5	9
F. Maternity	1	2	2	–	–	1	6
G. Corpse	–	–	–	–	–	–	–
H. Other Accidents	1	–	2	–	–	1	4
Total Calls	26	17	13	10	35	77	178
Total Miles Travelled	399	165	440	279	842	2,092	4,217

Section 28. Prevention of Illness, Care and After-Care

This section authorises the provision by the Local Health Authority of a very comprehensive service for the establishment of improved health in its area. It is perhaps desirable to quote part of the wording of the section, which will enable the reader to envisage its possibilities :

> "A Local Health Authority may . . . make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons . . ."

This provision is, of course, subject to the approval of the Minister, and it will be noted that it is permissive rather than mandatory.

There is, however, in the section a clause to the effect that the Ministry may direct the Local Health Authority to make the above arrangements, but this, up to the present, has been done in the case of tuberculosis only, not for any other condition. It is therefore mandatory on the Local Health Authority to make such arrangements for tuberculosis, and permissive in the case of all other diseases and conditions.

It was felt that in formulating the Proposals it would be wise to put a very wide interpretation on the provision that might be made, in order that as time went on, an adequate care and after-care organisation and service might be built up. The following specific Proposals were included :

(*a*) Jointly with other authorities in the Region and, in particular, with the Nottingham County Council, it is hoped to provide a tuberculosis settlement or settlements for the use of patients of either sex. There is already such a settlement in connection with the Ransom Sanatorium, Nottinghamshire, and it would seem logical to extend this settlement (Sherwood Village Industries) to include patients from the whole Region.

(*b*) It was felt that one of the main difficulties in dealing with tuberculous ex-sanatorium patients was their rehabilitation in adequate work at the same time as their continued medical supervision. To this end it would be helpful if selected cases could be accommodated in hostels provided by the Local Health Authority, and it is therefore proposed to establish night sanatoria, either in connection with workshops, established by the Ministry of Labour and National Service, or otherwise, at the existing Chest Unit. Up to the present time, however, it has been impossible to implement this proposal.

(*c*) It is proposed to appoint a Care and After-care Committee, whose functions have been noted above under the General Welfare Sub-

Committee. This committee will supervise the care and after-care organisation, which it is proposed should be built up to carry out the duties under this section.

(*d*) The domiciliary work of the Mental Health Services Department is carried out under this section, but, for convenience, I have placed the report of the Mental Health Officer among my comments under Section 51 of the Act (*infra*).

(*e*) *Health Education.* Probably one of the most important duties now laid upon a Local Health Authority is to educate the public in healthy living. To this end, a comprehensive health education programme has been agreed upon and a Health Education Officer has been appointed, who will be responsible to the Medical Officer of Health for the work of a sub-department of the Health Department. Mr. C. R. Walker, who had considerable experience of this type in previous scholastic posts in Birmingham, was appointed as the first Health Education Officer, and took up his duties on the 1st December, 1948.

Even before Mr. Walker took up his duties in Leicester the department had put considerable emphasis on health education, and during the year under review the following activities were undertaken :

(i) A Health Brains Trust was held at the Corn Exchange on the 23rd March, 1948.

(ii) The department participated in the Silver Linings Exhibition, held in the Museum and Art Gallery in March, 1948, and demonstrated some of the services provided for the health of the citizens of Leicester.

(iii) A special attempt was made to make the public and, in particular, those concerned with the catering trade, aware of the dangers of incorrect handling of food, by means of leaflets which were widely distributed throughout the trams and 'buses, and the catering establishments themselves (See page 41).

(iv) At about the time of the appointed day (5th July, 1948) a comprehensive guide to the health services of Leicester was published in co-operation with the Regional Hospital Board and Executive Council.

(v) A special diphtheria immunisation campaign in connection with a national campaign, was held in September, with publicity in the press and cards in the trams and 'buses.

Note.—I would like to express my deep appreciation of the co-operation which we have received from the City Transport Department, who have, at all times, been most helpful in giving publicity to Health Department notices in their vehicles.

Mr. C. R. Walker reports as follows for the period during which he was in Leicester :

I commenced duties on December 1st, 1948, and spent most of the month making contacts and getting to know the general set-up of the Health Department. I visited the Maternity and Child Welfare Centres in order to see the work carried on in these centres and to learn where they were situated, and also made visits to the City hospitals.

The cartoon figure of Dr. Fosse was inaugurated, and he is to be the symbol and mouthpiece of Health propaganda.

During the month also a great deal of time was spent in designing and constructing the stand for the Complete Health Services Exhibition and Conference which was held in the De Montfort Hall in January, and which will be dealt with in next year's report.

(*f*) *Provision of Nursing Equipment and Apparatus*

The authority also took power to provide, either on loan or otherwise, all those items defined as medical comforts, sick-room furniture, etc., which were useful to persons who were ill at home.

As the District Nursing Association, the British Red Cross Society and the Order of St. John already had satisfactory arrangements for providing this type of service in the area, it was agreed that these bodies should continue as agents of the Local Health Authority.

(*g*) Finally, under this section, it was agreed to provide accommodation in the nature of holiday homes for the rehabilitation of persons who have suffered from illness and require a period of rest before returning to work or school.

It should be clearly understood that this provision does not cover medical convalescence, which is the responsibility of the Regional Hospital Board. It is agreed that the distinction is a fine one, but it is important from the financial point of view because convalescent treatment by the Board is free and holiday home provision by the Local Health Authority has to be paid for according to the means of the recipient.

Section 29. Domestic Help

It used to be thought that it would be impossible to develop a scheme of home helps in Leicester, owing to the popularity of the employment of women in factories, but on the 1st November, 1946, a start was made towards this new service by the appointment of a whole-time Organiser. By the time the Proposals under this section were submitted to the Ministry, the service had already been built up to 40 home helps, of whom 33 were employed full-time. Under the Proposals, power was taken to augment this number almost to an unlimited extent, and by the end of the year under review, 58 whole-time home helps were employed.

A detailed account of this service is given later in the report of the Medical Officer for Maternity and Child Welfare, and it is sufficient for me, here, to state that, in my opinion, it is providing an extremely valuable adjunct to the City Health Services. It has, of course, to be paid for by the recipient whose means allow this, but from necessity it is of much assistance in those cases where the recipient is financially unable to make alternative arrangements.

Unfortunately the service has largely to be restricted to providing domestic help in confinement cases. It is only occasionally possible to extend it to help persons suffering from illness or perhaps the most needy class of all, the aged. As time goes on it is hoped to extend the service.

Section 51. Domiciliary Mental Health Service

The Health Committee, prior to the appointed day, had no responsibility for the care of persons suffering from mental ill-health or defectiveness. It was thus an entirely new service that became the responsibility of the committee on 5th July, 1948.

In addition, whereas previously mental deficiency and mental ill-health were separately administered, one authority being responsible for the hospital and domiciliary care in each case, after the appointed day the line of demarcation was horizontal rather than vertical, in that the hospital care of both mental ill-health and defectiveness passed to the Regional Hospital Board, and domiciliary care of both conditions to the Local Health Authority. It was therefore necessary to build up a Mental Health Services Sub-Department of the Health Department. The premises to house this sub-department were found by the taking over of the old offices belonging to the Mental Deficiency Committee in Charles Street, and thus another external department of the Health Department was inaugurated.

Proposals. Staff

In the formal Proposals submitted by the authority and approved by the Ministry of Health, it was decided to appoint a whole-time medical officer with psychiatric qualifications and experience, who will be responsible for the day-to-day administration of the mental health services and who would be available to the School Health Service also. Unfortunately it did not prove possible to appoint this officer during the year under review.

The services of Dr. John Noble, who acted for the old Mental Deficiency Committee, have been continued.

As regards other staff, the woman visitor previously employed by the Mental Deficiency Committee, and two of the existing clerical staff of that Committee, were taken over. In addition, it was decided to appoint a chief clerk, who would include the duties of duly authorised officer with his administrative duties in the control of the day-to-day administration of the department, subject to the general direction of the Medical Officer of Health and of the Chief Clerk at Grey Friars, and other staff as detailed below.

Occupation Centre

It was agreed to continue the use of the Occupation Centre at Fosse Road North, Leicester, as formerly, though it was hoped to transfer the school to better premises in the future. It has not, however, been found possible to do this.

Mr. S. A. Goodacre was appointed as Chief Clerk of this sub-department and as the senior duly authorised officer. The following is a report which he has prepared on the work of his department :

With the passing of the National Health Service Act, this branch of public health came directly under the Local Health Authority. To provide for the day-to-day administration of this Service, a Mental Health Sub-Committee was constituted, in accordance with Part II of the Fourth Schedule of the National Health Service Act, 1946. The committee consists of 12 members, 11 of whom are members of the local authority. The other member is the Medical Superintendent of the Towers Hospital. The committee meets once per month. The Medical Officer of Health is directly responsible for the day-to-day administration of the Department.

Staff at Charles Street

As mentioned above, the Medical Officer of Health is directly responsible for the administration of this Service. In addition, he has the part-time services of a medical officer experienced in mental deficiency work, whose main duties are the ascertainment of defectives, medical supervision of guardianship cases, and the carrying out of periodic examinations of defectives at the Occupation Centre.

In addition, there are four duly authorised officers, three males and one female. The three male duly authorised officers have had previous experience in Lunacy and Mental Treatment work; the female duly authorised officer having had experience in mental deficiency work. All four officers combine the work of a duly authorised officer, petitioning officer and mental health visitor. To assist them with the clerical work, there is one shorthand-typist and one female junior clerk.

Staff at Occupation Centre, Fosse Road North, Leicester

At the Occupation Centre there is one supervisor, one assistant supervisor and one part-time cook.

Co-ordination with Regional Hospital Boards and Hospital Management Committees

The officers of the Mental Health Service maintain the closest liaison with the officers of the local Hospital Management Committees, thus ensuring that the care and after-care services, as provided for under Section 28 of the Act, are implemented to the fullest. The supervision of patients on trial or licence from institutions for mental defectives is also provided by the local authority's mental health visitors.

Duties Delegated to Voluntary Associations

As a temporary arrangement, the after-care of ex-service personnel discharged from hospitals is provided by officers of the National Association for Mental Health. This arrangement will terminate on the 1st April, 1949, and the responsibility for the after-care will be taken over by the Mental Health Services Sub-Department.

Training of Staff

One male and one female duly authorised officer have attended a special course for mental health workers at Sheffield University. This course is designed to give the duly authorised officers a broad outlook on mental health work, and to bring them up to date with the latest advances in their particular field. The two other duly authorised officers will attend a similar course during 1949.

Work Done by the Mental Health Service

(*a*) *Under Section* 28 *of the National Health Service Act*, 1946

Twenty-nine cases in all were dealt with under this Section. Of these, 16 were dealt with in co-operation with officers of the Regional Hospital Board, the Hospital Management Committee and the Local Health Authority. The other 13 cases were dealt with by officers of the National Association for Mental Health.

(*b*) *Under the Lunacy and Mental Treatment Acts*, 1890-1930

All this work was carried out by the duly authorised officers.

15 cases were referred, but no action was taken under the Acts.

42 cases were dealt with under Sections 14-16 of the Lunacy Act, 1890.

3 cases were dealt with under Section 11 of the Lunacy Act, 1890.

10 cases were dealt with under Section 5 of the Mental Treatment Act, 1930.

At present, there is no satisfactory accommodation at the Towers Hospital, Leicester, for the use of patients who would be referred there under Sections 20-21 of the Lunacy Act, 1890.

(*c*) *Under the Mental Deficiency Act*, 1913-1938

1. *Ascertainment, including the Number of Defectives awaiting Vacancies in Institutions*

Eight defectives ascertained "subject to be dealt with," plus 13 cases notified for the time being not "subject to be dealt with."

The phrase "subject to be dealt with" is a legal expression meaning that the committee has a statutory responsibility for the care of the defective, and cases not "subject to be dealt with" are patients who have been brought to the notice of the Mental Health Service Department by the parents themselves.

At the end of the year, there were 22 defectives awaiting admission to institutions. During the six months, nine patients were admitted to hospital, and two to guardianship.

2. *Guardianship and Supervision*

27	defectives	were	under	guardianship.
348	,,	,,	,,	statutory supervision.
92	,,	,,	,,	voluntary supervision.
56	,,	,,	,,	miscellaneous (including friendly) supervision.

3. *Training of Defectives*

The Occupation Centre, which is in premises rented from the Fosse Road Primitive Methodist Church, accommodates 30 defectives. It is open during the normal school term, and the children attend from 9-30 a.m. to 3-30 p.m. daily. Here they are under the care of a supervisor and an assistant supervisor, who are responsible for their well-being and for teaching them simple handicraft and domestic duties. The patients attending are given a midday meal. The transport to and from the Centre during the year was provided by a bus on loan from the Frith Hospital.

Ambulance Service

Where removal of patients to hospital is necessary, transport is provided by the City Ambulance Service, which also supplies the necessary attendants. No trained hospital staff is available for this work.

PART IV OF THE ACT

This part of the Act gives authority to the Minister for the provision of the general practitioner service, i.e., by doctors, dentists and pharmacists. The service is controlled locally in the area of each Local Health Authority by an Executive Council,a body consisting of 25 members, of whom eight are nominated by the Local Health Authority. In this way an attempt is made to get over the tripartite nature of the Act and by providing adequate co-operation between the different sections to enable a stable structure to be built.

Seven members of the City Health Committee and the Medical Officer of Health were nominated to the Local Executive Council.

Food Hygiene Campaign

During the year various steps to improve the hygienic conditions under which food was stored, transported and consumed by the public were instituted. The Sanitary Inspectors made numerous investigations of all premises where food was stored, and also in places where it was served to the public. Their efforts were rewarded by the trade in general taking an active interest in the advice given by the inspectorial staff, and as equipment and materials for building became available, many shops, cafés, etc., carried out much-needed improvements to their premises.

These good results were most obvious in the ice cream trade, and in particular, good progress was made in securing the wrapping of ice cream. The Health Inspection Sub-Committee was called to deal with many applications for licences for the sale of ice cream, and no licence was granted unless the premises came up to the strict standard imposed by this committee. The committee turned its face against the sale of ice cream in premises where root vegetables were also sold. With the increasing number of applications for registration of premises for the sale of ice cream, the committee has under consideration the formation of a special food section of the inspectorial staff, but no definite decision has yet been made.

Various lectures by the medical and sanitary staff have been given in the City, and many of these have been given in co-operation with the Public Health Laboratory Service. Exhibitions have also been arranged, which were well attended, drawing the public's attention to the dangers of unclean food. In addition, the newly-appointed health education officer has made contact with the managers of the various factory canteens and is arranging to lecture in all these canteens as and when time permits.

As it is not widely realised that Food Poisoning is a notifiable disease under the Food and Drugs Act, 1938, the attention of the general practitioners has been drawn to this fact, so that now when a case of Food Poisoning does occur in a household the practitioner notifies this department by telephone and immediate steps are taken to investigate the outbreak.

These measures, I feel sure, will do much to combat the increasing number of cases of Food Poisoning which are occurring, not only in Leicester, but throughout the country as a whole.

Circular No. M.F. 12/49 issued by the Ministry of Food asks for the following information with regard to work done by Local Authorities in reference to Clean Food Campaigns :

1. *Lectures or Classes for Food Traders or their employees.*

A one-day course organised by the Central Council for Health Education on "The Preparation of Clean Food" was held on Monday, 2nd May, 1948. This consisted of two meetings addressed by Dr. Gillespie, and the chair at the morning session was taken by Councillor Mrs. Green, and at the afternoon session by Dr. E. K. Macdonald. Approximately 130 people attended this course, including supervisors and staffs of school canteens, and kitchen staffs of the hospitals.

2. *Exhibitions*

Although no actual exhibitions took place, numerous window displays were held throughout the city. These consisted of the following topics :

(*a*) Clean Food ; Covering of Food ; Preparation of Clean Food.

(*b*) The House Fly ; Need for Covering Food, etc.

3. *Lectures, etc., for the General Public, including local Women's Organisations*

No action taken.

4. *Formation of Clean Food Guilds, etc.*

No action taken.

5. *Formulation of local Codes of Practice*

No definite formulation of local Codes of Practice but a Health Inspection Sub-Committee has functioned over a number of years, and during the past year has been actively engaged in the inspection of ice cream premises.

6. (i) All factory canteens, hotels, food premises, restaurants and cafés circulated with Central Council for Health Education pamphlets :

"To Housewives"

"The Customer's Health is in Your Hands"

"Some Additional Advice"

and also posters.

(ii) Letters on food poisoning and leaflets as above sent to a practitioners in the city.

One Hundred Years of Public Health in Leicester

by

Dr. ALEXANDER HUTCHISON

Deputy Medical Officer of Health

The information contained in the following report is not in any way an attempt to write up the story of the achievements of the Public Health Department in Leicester during the past 100 years. To do so, the author would require to have lived for a long time in the City, to have delved into all the minutes of the Corporation, to have read practically every edition of the daily Press, to have interviewed numerous oldest inhabitants, to have consulted various societies in Leicester and to have made further extensive enquiries, which would have entailed many months of concentrated work. All that has been done is to extract from the various reports some of the special items which the author thinks are worthy of mention, and which help to demonstrate the excellent work which has been done by the Health Department in the past.

Some of the results are worthy of special mention, for instance, in the year 1852, the number of deaths from diarrhoea was 139 and this figure, although it varied considerably, reached its peak in the year 1897 when 472 persons died from this disease. By the year 1948 it had fallen to 19. Other results show that deaths from measles reached a maximum in 1868, when 249 persons died, and in 1948, the death rate was nil.

In 1863, there were 236 deaths from scarlet fever, but there have been no deaths from this disease since 1942. With diphtheria, the incidence of the disease reached its maximum in the year 1900, when there were 1,452 notifications and 316 deaths. In 1948, there were 32 cases and only one death.

Perhaps the most conclusive evidence of the beneficial results of the Public Health Department can be seen in the improvement of the number of deaths in children under the age of five and in the reduction of infant mortality. In the year 1851, of all the deaths in Leicester. 54 per cent. occurred in children under the age of five. This figure rose to its maximum in the years 1857 and 1868 when 57 per cent. died. In the year 1948 it had dropped to seven. Similarly with infantile mortality; in 1851 this was 194.5 per 1,000, and this figure increased until in 1871 it had reached the alarming figure of 252 per 1,000, yet by 1948 it had dropped to 38.

It would be wrong to assume that all these improvements in the health of the population were solely due to the influence of the Public Health Department. Many other agencies have helped to improve the all-round standard of health among the community, e.g., hospitals are now better than they have ever been before, the standard of medicine amongst the general practitioners has greatly improved, better housing, better standards of nutrition, better education, health education and social legislation—I could go on but the list is too long—have all helped in the fight against disease.

When reading through the various annual reports, some of which were only 20 pages in length and some of which were over 200 pages, it was not difficult in many cases to assess the character of each individual Medical Officer of Health and to discover that each had his own particular "hobby-horse" which he was wanting to ride on every possible occasion. Some of their theories have since proved to be wrong, but that really does not matter. What is of real consequence is that most of them have been men of courage willing to champion their cause at all times, because they thought they were doing the right thing.

Now changes have taken place in the structure of the Public Health Service, which are, on mature reflection, for the benefit of the public. It would be well if all Medical Officers of Health realised that what has gone before has gone for ever, and that they should direct their energies and abilities towards making the Services which are now in their hands run efficiently and smoothly and which will still further improve the public health.

The graphs and tables at the end of the report merit perusal.

THE WORK OF THE PUBLIC HEALTH DEPARTMENT DURING THE LAST HUNDRED YEARS

In the minutes of the Town Improvement Committee dated 8th October, 1846, there is the following minute, "moved by Mr. E. I. Ellis, seconded by Mr. Gittens, and carried that for the purpose of removing nuisances and annoyances, the Council be recommended to pay out of their Improvement Fund a salary to two medical officers for certifying to the existence of such nuisances, as are specified in the Act of 9 and 10 Vict. Ch. 96, and attending to give evidence before the magistrates where necessary, and that the salary recommended to be twenty guineas per annum to each officer." This motion was opposed, but after some discussion a vote was taken and it was carried.

At a meeting of the Town Improvement Committee on the 14th October, 1846, applications from five candidates for the two posts were considered, and the committee recommended the Council to appoint Dr. Barclay and Mr. Buck to fill the vacancies. The Council approved of the Town Improvement Committee's minutes on the 28th October, 1846.

Just prior to this, on the 16th September, 1846, to be exact, the Town Clerk had called the attention of the Council to the Act of 9 and 10 Vict. Ch. 9, which made provision "for the most speedy removal of nuisances," and Mr. Gittens had proposed and his proposal was seconded by Alderman Biggs that "a person be appointed by the Council to carry out the object of the above Act, and Mr. George Brown be directed to execute the duties of this office until the 9th November." This motion was carried, and to Mr. George Brown went the honour of being the first duly authorised sanitary inspector of the Borough of Leicester. Dr. Barclay and Mr. Buck made frequent reports to their committee, but apparently they did not make an annual report.

On the 8th August, 1849, Dr. Barclay resigned his office, and Mr. Buck was appointed "Officer of Health." Mr. Buck made several reports to the Council on the sanitary state of the town, but it was not until 1850 that he actually made his first annual report of which, unfortunately, no trace can be found.

In his second annual report, which deals with the year 1851, it is abundantly clear that his appointment was fully justified. The Public Health Act of 1848 had just come into force prior to his appointment, and under this Act Local Authorities were given considerable powers to combat nuisances and to improve public health conditions in general. They were also given power to appoint Medical Officers of Health. As will be seen from the above, Leicester had anticipated the passing of the Act because they had already appointed Dr. Barclay and Mr. Buck as early as 1846.

In Mr. Buck the Council made a wise choice for their first real Medical Officer of Health. He was a man of courage who was not afraid to speak his mind and who was determined to get things done. From the outset he put forward schemes for the removal of obnoxious matters from cesspools, for the cleansing and the better ventilation of lodging houses, a closer inspection of slaughter houses, which he termed one of the great evils of the town, and for the reduction of infantile mortality. In Leicester in these days, the slaughtering of cattle was carried out in most inappropriate places, and the slaughtering of cattle in Leicester for the London market was greatly on the increase. Mr. Buck was determined that cattle should be slaughtered in hygienic slaughter houses and not in any old back yard, which until his appointment had been the practice. But the major problem which confronted Mr. Buck when he was appointed was the fact that of all the deaths registered in Leicester fully 50 per cent. were in children under the age of five, and of these the majority died from infantile diarrhoea. In fact, it is quite safe to say that the efforts of the first and all subsequent medical officers have been directed to a great extent to the elimination of the scourge of infantile diarrhoea. In his first two reports, unfortunately, Mr. Buck does not make it absolutely clear how many children died from infantile diarrhoea, but he does say that in one quarter alone in 1851, of the 2,087 children born in that year, 121 died from this preventable disease.

In his 1852 report, the medical officer expressed concern at the slow progress made by the contractors in the construction of the main sewers and outfalls and expressed the hope that a public abattoir would soon be available for the town. Infantile diarrhoea was still his main problem.

In 1853, which saw the first report by the new medical officer, Dr. John Moore, he explained the measures which he had taken to prevent an outbreak of cholera in the town, but there was little else of importance in his report.

In 1854, the infantile mortality rate was 194.7 per 1,000 live births, and of the total deaths in the town some 57 per cent. were in children under the age of five.

In 1855, there was a substantial reduction in the number of deaths from diarrhoea, and there was only one death from measles, compared with 129 during the previous year.

In 1856, the medical officer reported a steady decrease in the number of cases of fever and consumption, and he expressed his approval of the sanitary condition of most of the slaughter houses.

In 1857, the number of deaths in the town rose sharply, and more than half of these were in children under the age of five ; diarrhoea was the main cause of death in this group. In this year a resolution of the Town Council decreed that "cesspools be not in future allowed for the drainage of new buildings where adequate means of drainage exist within the statutory distance."

In 1858, scarlet fever caused 174 deaths, and in addition there were 117 deaths from diarrhoea. In this report, the medical officer included a comment on children's schools, usually termed "Dames" Schools. He stated that the overcrowded state in many of the schools was injurious to the health of the children, and he quoted a case where he visited a schoolroom which was 10½ feet by 10½ feet and 8 feet in height. In this room 31 children were being taught.

In the report of 1859, it was recorded that the number of deaths from "hooping" cough rose to 86, which was the highest ever recorded. The medical officer condemned the iniquitous habit frequently practised in the town whereby parents who were both engaged in a factory were compelled to leave their infants for the greater portion of the day to the care of other children or to a neighbour, and should the child from some trifling cause "not be so quiet as desired, recourse is had to remedies of an alcoholic and narcotic character, such as gin or Godfrey's cordial." A strong plea was again made in this report for a public abattoir.

In 1860, deaths from diarrhoea were down to 56, which was a source of great satisfaction to the Medical Officer of Health. At this time, it would appear that the medical officer had been interesting himself a great deal in the health of school children, for he made a favourable comment on a recently enacted byelaw which increased the cubic space allowed to each pupil in school.

In 1861, deaths from consumption rose sharply as did also the deaths from diarrhoea. This report contained a letter from John Simon, Chief Medical Officer to Her Majesty's Privy Council, in which he expressed concern regarding the high rate of tuberculosis amongst factory workers in Leicester. Dr. Moore, the medical officer, however, gave as his considered opinion that the Local Health Board had not adequate powers to improve working conditions in factories.

In 1862, the medical officer quoted a report, again from Dr. Simon, who condemned the practice of women going out to work and leaving their children in the care of other children and unskilled nurses.

In 1863, the medical officer suggested that the Local Health Board should make arrangements for the Health Department to be informed at regular intervals of all cases of deaths from infectious disease in their own and surrounding areas.

In 1864, the medical officer commented on the difficulty he had had in obtaining nurses to nurse cases of smallpox, and he put forward a proposal that part of the fever house should be set aside for the reception of cases of this disease. It is interesting to note that in this year 33 persons were summoned before the magistrates for infringement of the byelaws respecting smoke nuisance.

In 1865, the campaign against private slaughter houses was intensified and many were condemned. The report contained a strong plea for the construction of a public abattoir.

In 1866, a free disinfecting chamber was opened for the use of the public, and in that year the medical officer reported that "private cesspools would be to a great extent abolished but for the stringent regulations of the Water Works Company who refuse to supply water for water closets unless it is also taken for household purposes."

In the report of 1867 there was a description of the social insurance system introduced by Mr. Dolfus, of Mullhouse, whereby employed women between the ages of 18 and 45 contributed 1½d. per week and Dolfus a like amount, so that when they were confined they were entitled to full wages for six weeks on condition that they breast-fed their children. This year saw the birth of health education in Leicester. A Dr. Sloane had suggested to Dr. Crane (the Medical Officer of Health) that leaflets might be provided for the public warning them of the dangers of infantile diarrhoea, and advising them of the proper food for infants which were not breast-fed.

In 1868, there were severe epidemics of measles and infantile diarrhoea, there being 249 deaths from measles and 349 from diarrhoea. In this report there was a most interesting dissertation on the number of deaths in the town and the manner in which these were registered. The medical officer referred to the co-operation he received from the local registrar, who had been kind enough to extract from the registers the number of deaths which were certified by herbalists, quacks and every unqualified person. He mentioned a case where one woman had obtained at different times no less than three certificates of death, and on the strength of each she obtained contributions to meet the expenses of three funerals. This year, too, the medical officer commented favourably on the reduction of the number of cesspools which were fewer than ever, and that there was one water closet to every 11.48 inhabitants in the town.

In 1869, the report contained a long discussion on infantile mortality which Dr. Crane summed up by stating that "it has been computed that the mortality of children brought up by hand amounts to 50 to 70 per cent., and when the management is also entrusted to ignorant nurses it reaches from 60 to 90 per cent."

The 1870 report contained a plea for the erection of an isolation hospital for the treatment of cases of scarlet fever. This hospital, the medical officer suggested, should be erected either in the Infirmary grounds or in the centre of the town, but his suggestion was turned down.

The 1871 report contained an interesting comparison of the incidence of diarrhoea in Leicester and in Dublin where, according to the medical officer, the privies and cesspools baffled description. An interesting point, however, was that although Dublin was a town of three times the size of Leicester and that the cesspools, etc., were in a dreadful state, Dublin had a lower incidence of diarrhoea than Leicester. The cattle market was opened for public use, but the old Horsefair Street market was still permitted to function. This cattle market was a step in the right direction towards the provision of a public abattoir but was not quite what the medical officer desired.

In 1872, there was a severe epidemic of smallpox, which continued more or less throughout the year and caused 314 deaths. The number of deaths from diarrhoea during that year was 305. In that year the smallpox hospital, a wooden building, was erected on Freak's ground, but in 1873 it was closed and reopened as a fever house, and remained the fever house until the opening of the new Isolation Hospital.

In his report of 1873, Dr. Crane mentioned that the Registrar-General had praised Leicester for its exceptionally low mortality, which the Registrar-General thought must be due to the considerable efforts which had been made in cleaning up the town.

In 1874, the medical officer put forward his theory that simple heat was the cause of summer diarrhoea in this country, and that "all ages were affected by it, and that in the strong and robust it yields to treatment or even diet, but in weakly children it runs a different and longer course." He went on to a long dissertation on physically fit children being able to withstand heat and he described a typical case.

In 1875, there were 175 deaths from scarlet fever, and this report contained a long defence by the medical officer of his theory that summer diarrhoea was due to heat. The number of deaths in that year from this disease was 308.

The 1876 report contained little of note apart from the fact that the medical officer was concerned with the number of deaths from alcoholism which had gone up from two to four, and similarly in 1877, apart from recording that there had been 166 deaths from summer diarrhoea, there again was little to note in the report.

In the report of 1878, there was a full and detailed description by the Assistant Medical Officer, Dr. Johnson, on infantile diarrhoea and he made two extremely critical observations :

(*a*) "that diarrhoea is due to the introduction of minute living organisms into the system by means of air or by food, and

(*b*) that in badly sewered districts milk will be found to be speedily infected."

He also mentioned that "the juices which exude from and adhere to very ripe fruit exposed in shops, and which were hawked about in barrows throughout the town, were fruitful sources of infection." In an attempt to lessen the mortality from diarrhoea, the Sanitary Committee supplied free medicines to the artisans and poorer classes suffering from this disease. Dr. Johnson also included in his report an article on day nurseries, including a defence of the working mother, and put forward much the same arguments that are put forward today, i.e., that it is far better that mothers should leave their children in places of comparative safety rather than leave them in the care of young children, exposed to numerous dangers in the home such as "the dangers that surround them at home from the fire, a boiling pot or kettle, falls, and what not, and the dangers of the street and gutter which beset them outside."

In this same year the first day nursery was opened in Metcalfe Street, but no mention was made of the number of children accommodated.

In 1879, compulsory registration of infectious disease came into force (Leicester Corporation Improvement Bill, 1879). It was not at all a popular move and the local medical profession petitioned Parliament against it on the grounds that it "imposed upon them new and onerous and unnecessary obligations," and that these obligations were "inquisitional in character, uncalled for and likely to lead to endless mischief and complications." The fears of the medical profession were unfounded, and as Dr. Johnson reported, not a single complaint had reached the ears of the sanitary authority either from the general public or from the medical men themselves of any mischievous results or complications. He mentioned also in this report that the total average daily attendance at the day nursery was 20, and he asked for permission to open additional nurseries in different parts of the town.

1880 was a bad year for deaths from diarrhoea. There were actually 398 deaths from this disease which the medical officer attributed to the abnormally warm summer.

In 1881, deaths from diarrhoea dropped to 193, which the medical officer thought was due to the cool and moist character of the weather. In that year an extensive sewer campaign was carried out, because in the opinion of the medical officer, diarrhoea was due to "a periodic defilement of the air of the large towns with sewer emanation." As some of the workmen engaged in sewer repairs had severe attacks of diarrhoea, the medical officer thought that he had proved his case.

In 1882, deaths from diarrhoea rose to 214. The medical officer was also concerned at the number of deaths from tuberculosis. In this report he gave excellent hints to patients suffering from this disease on how they should live and how they should sleep, e.g., open windows, etc. With obvious pride he commented that nearly all the old midden privies were now almost abolished, and that in no other English town were the streets kept in such a cleanly condition as in Leicester.

In the 1883 report, an interesting mention was made of the success of compulsory notification of infectious disease. The medical officer thought that notification was indeed a great step towards the prevention of infection. He stated that "owners of milk shops visited with (scarlet fever) are now given the alternative of either immediately stopping the sale of milk or sending the sick child to hospital and having the house fumigated." In this report the Chief Sanitary Inspector recommended that systematic food sampling should be inaugurated and should be carried out by persons unknown to the tradesmen.

In 1884 there was another large outbreak of infantile diarrhoea, and during that year the infantile mortality rate rose to 233 per 1,000.

In 1885, a laboratory for the medical officer, who was also the Town Analyst, was opened at the Town Hall, and included in this report was the interesting statement that "it is in the highest degree probable that milk from tuberculous cows may infect man."

In 1886, the medical journal *Lancet* sent down a special commissioner to Leicester to investigate the system adopted there whereby Leicester was able year after year to keep free from smallpox. This was rather remarkable because Leicester had never taken kindly to the imposition of compulsory smallpox vaccination, and it had always been the centre of the anti-vaccination campaign. The report contained details of an enquiry which had been conducted into the cause of infantile diarrhoea, and one result of this enquiry was to discount the theory that strong disinfectants introduced into the sewers in low-lying parts of the town would minimise the incidence of this disease. This report contained a strong appeal for health education in the schools.

In 1887, the medical officer was still pursuing the vexed question of summer diarrhoea and sewer ventilation, and he asked the local Press for their co-operation, which was willingly given. The local Press published weekly health bulletins which the medical officer felt, stimulated a sense of public health among the community. That year saw the opening of the new Spinney Hill Park, which afforded much pleasure to the local inhabitants. The cost of the fever hospital worked out at £1 2s. 4d. per week per occupied bed.

In 1888, the medical officer commented favourably on the arrangements which he had made with his other colleagues in most of the large towns to keep each other informed weekly of the various infectious diseases in their area. This scheme, which was inaugurated by the medical officers themselves, was taken over later in that year by the Local Government Board, who agreed to circularise all Medical Officers of Health on the number of cases of infectious diseases recorded throughout the country.

In his opening remarks of his report of 1889, the medical officer referred to the high compliment paid to the Town Council in the *Manchester Guardian*, which stated, "would not our own (Manchester) City Council do well to send a selected deputation in order to learn what is to be learned at Leicester of the means by which the death-rate can be reduced nearly 30 per cent. in eight years?" In that year, compulsory notification of infectious disease became law. Unfortunately, it was a bad year for deaths from diarrhoea, there being 221 as against 148 in the preceding year. Appended to the annual report was a statistical review by Dr. Ballard, who stated that "in the decade ending 1869, the average number of deaths from all zymotic diseases was 428 per annum, and during the decade ending 1889, it averaged only 500 in a population nearly double that existing in the former period."

In his opening letter of the 1890 report, Dr. Tomkins, the Medical Officer of Health, made a plea amongst other things for the provision of open-air spaces in the midst of the ever-increasing brick and mortar, the abolition of at least the worst of the slaughter houses in the crowded parts of the town, and a substitution, as far as possible, of the water closet for the pail system, which was then in vogue, the provision of additional destructors and the remodelling and re-erection of the Borough Fever Hospital.

1891 was notable in that in this year health education became part of the school curriculum, and the report contained a favourable mention of a visit to Glasgow to inspect a new male lodging house for artisan workers. The Medical Officer of Health reported an amusing story of how one of his sanitary inspectors discovered the carcase of a large dog hung up in one of the slaughter houses. This was neatly dressed, and there was a suggestion that this would have been passed off as prime meat if it had not been spotted by the vigilant inspector.

In his 1892 report, the medical officer strongly advocated the removal of all pail closets, which, he concluded, although they did not actually cause typhoid were the medium by which it was spread. In that year, there was a severe epidemic of measles with 120 deaths, and 116 cases of typhoid were notified. The medical officer quoted a case where a child was nursed at home and the mother carried on her occupation of brewing herb beer. The medical officer stated that "it was not difficult to understand how the mother's hands might have conveyed the germs from the patient into the beer." This case led to a sharp outbreak of typhoid, which, fortunately, the medical officer soon got under control once it was notified to him. He summed up the epidemic by stating that "there is something dreadful in contemplating the little shop brewing the deadly liquor in a small room at the back and selling it broadcast at ½d. and 1d. per bottle—tempting children and others to buy it by offering gifts and prize tickets." In this report, the Chief Sanitary Inspector gave information that drains in connection with 1,160 houses, warehouses and public buildings had been smoke-tested, and 442 had been found to be defective.

The 1893 report described a sharp outbreak of smallpox in which there were 308 cases with 15 deaths, and of the 15 fatal cases none had been vaccinated. In that same year, 340 infants under the age of one died from diarrhoea.

In 1894, the first suggestion to appoint a female inspector in connection with the inspection of factories was made.

In 1895, the medical officer advocated the conversion of all pail closets into water closets. The first female sanitary inspector was appointed for work mainly in the factories, and that year saw the introduction of diphtheria antitoxin for the treatment of diphtheria.

In the 1896 report, the medical officer complained that despite all his high hopes, construction of the new Isolation Hospital had not yet been commenced. The infant mortality rate was still high. The scheme to remove all pail closets was well on the way.

In 1897, the medical officer commented favourably on the premises where ice cream was manufactured. He stated that "I have visited the places where this cheap and much-consumed delicacy is made and must say that, as a general rule, nothing could be found fault with from the cleanly point of view. On analysis, particles of dust, a few dead flies, and bits of cotton were the chief things found. One great safeguard with common ice cream is the fact that freezing hinders the growth of anything like bacteria in the stuff."

The 1898 report (the 50th) dealt at length with a severe epidemic of measles that occurred during the year, which caused no less than 211 deaths. At last, the construction of the new Isolation Hospital commenced. Before leaving this report, it is interesting to compare some of the vital statistics of that year with those of 1849, the year when the first medical officer took office. These are appended in tabular form :

Population	Total number of Births	Total number of Deaths	% of Deaths under the age of five to total death-rate
1849 : 58,000 ..	2,807	1,681	49.8
1898 : 208,662 ..	6,152	3,480	50

In 1899, the old infectious diseases house had to be brought into use again because of a large outbreak of diphtheria. The cause was unknown, but the medical officer advised the public to boil all milk before use, and this seemed to diminish the rate of infectivity. During that year, 331 people died from tuberculosis, and it is interesting to note that of 22 samples of milk tested for the presence of tubercle bacilli, nine were found to be positive. The medical officer commented on the fact that the licensed slaughterers did not take kindly to the presence of the sanitary inspector, and he drew attention to their methods to outwit his staff and so pass inferior meat to the public. The *modus operandi* was as follows : "A man at one end of the borough sent for an inspector to see some meat which was in good condition, and whilst he was away, say, at Belgrave, another slaughterer with inferior meat went to the slaughter house and dressed his beast and got it cleared away before the inspector could possibly get back to the slaughter house to inspect the carcase." To counteract these methods, the medical officer was authorised to appoint a second meat inspector.

In 1900, the new Isolation Hospital, Groby Road, was opened, and all cases of diphtheria were now nursed in this hospital. In his opening remarks, Dr. Monk, Medical Officer of Health, commented upon the number of deaths from nervous diseases, which he attributed to the increased tempo of life. In that year, 1,442 cases of diphtheria were notified, plus another 10 which were found by the medical officer, making in all a total of 1,452, of whom 316 died. The employment of the district diphtheria nurse was discontinued during the year because of the opening of the new infectious disease hospital. In that year, the Corporation established a Milk Sterilization Depot in an attempt to combat infantile diarrhoea, but the results were not encouraging as 286 children died from this disease.

1901 saw the first report by Dr. Killick Millard. He had taken over from Dr. Monk, but there had been a lapse of some four months during which the work of the Department had been carried on by an assistant medical officer and the chief sanitary inspector. The publication of his report was delayed because of the repeated outbreak of smallpox, which, fortunately, did not get a very strong foothold in the town. The epidemic of diphtheria, which had lasted for two years, came to an end during Dr. Millard's first year in office. The first resident medical officer was appointed at the Isolation Hospital—Dr. Allan Warner, who later became the first School Medical Officer for Leicester, a post which he retained for almost 30 years.

In his opening letter of his 1902 report, the medical officer begged to be excused for the delay in the publication of the report because of the severe outbreak of smallpox. There had been 18 cases, plus two unrecognised cases which had not been reported and which were only discovered after the patients had recovered. That year the medical officer arranged for supplies of diphtheria antitoxin to be issued free to general practitioners. The crematorium, which was one of the first in the country, was opened.

In 1903, patients suffering from tuberculosis were admitted for the first time to the new Isolation Hospital. There was a severe epidemic of smallpox, 406 cases being discovered, with 21 deaths. During that year, there were 133 deaths from diarrhoea and this was the smallest number for 21 years. In that year, the Midwives Act of 1902 came into operation, and under the Act it was laid down that after 1st April, 1905, no woman unless she was certified under the Act could use the title of midwife, and from 1910, no uncertified woman was allowed to practise as a midwife.

In 1904, the medical officer drew attention to the large number of deaths from diarrhoea and tuberculosis. As a remedy for infantile diarrhoea, he suggested that consideration should be given to the establishment of a Municipal Milk Depot for the supply of milk to babies which were not being breast-fed. During the year there was another severe epidemic of smallpox, with 321 cases and four deaths.

In 1905, the Health Committee decided to establish a Milk Depot during the following summer. It seemed to produce the correct results, because during the year infantile diarrhoea was much diminished. The work of the Sanitary Inspectors' Department was becoming more and more important, and prosecutions for the sale of unsound food, etc., were definitely helping to improve the quality of the food being sold in the town together with the conditions under which it was sold.

In 1906, there was a large epidemic of a mild type of scarlet fever.

1907 saw the lowest number of deaths ever recorded from infantile diarrhoea. This was 73. In that report, the medical officer commented on the growth of a garden suburb at Humberstone, where members of the Anchor Co-operative Shoe Works, and members of the Leicester Anchor Tenants Ltd. had purchased 48 acres of land for the purpose of developing it on Garden City lines.

The years 1908, 1909 and 1910 were fortunately free from any large epidemics and the work of the Public Health Department proceeded on a smooth and even keel.

In 1911, however, due to a very hot summer, the number of cases of infantile diarrhoea and typhoid rose sharply. In that year, the Municipal Tuberculosis Dispensary was opened. The Sanitary Inspectors' Departmenced commenced an active housing campaign, and the number of houses condemned as unfit for habitation was considerably greater than in previous years.

In 1912, the medical officer commented favourably on the infant mortality rate, which was then down to 109 per 1,000 births, and he was particularly pleased that the annual epidemic of summer diarrhoea had not made its appearance.

In 1913, the emphasis was on housing and a great deal of work was in progress, knocking down old houses, and putting into habitable condition houses which could be repaired.

In 1914, the first world war broke out, and some of the accommodation at the Infectious Diseases Hospital at Groby Road was commandeered by the military. Infectious diseases caused little or no concern.

In 1915, the war overshadowed practically everything, and public health activities were mainly concentrated on infant welfare and the prevention of venereal disease. The Poor Law Infirmary at North Evington was acquired by the military authorities, and all poor law patients suffering from tuberculosis were admitted to Groby Road Sanatorium, where, in addition to these patients, 100 soldiers were being treated.

In 1916, the war was still at its height, and the medical officer expressed concern at the increase in the number of cases of phthisis and venereal disease. In that year, the Garden Colony at the Leicester Frith Institution was opened, and did excellent work.

In 1917, the infantile mortality rate was 105 per 1,000 births, but much of the medical officer's report dealt with war conditions and the disturbing effects through mass movements of the population in the City. The Health Committee still continued its policy of closing down unsatisfactory slaughter houses and improving the condition in general under which animals were slaughtered.

In 1918 came the epidemic of influenza, which was the subject of a special report by the medical officer. In the first two waves which occurred in 1918 there were 1,100 deaths. The first wave caused approximately 100 deaths, but the second, which occurred in October and November with dramatic suddenness, caused no fewer than 1,000 deaths. The undertakers in the City found themselves unable to cope with the number of funerals, and a deputation came to the Health Department to ask for assistance. In the week ending November 2nd, the week in which the Great War was approaching its final climax, the epidemic reached its maximum. In that week, 262 persons died. Hospital wards were evacuated and convalescent cases of scarlet fever and typhoid were sent home. The Tramways Department was called in to assist in the manufacture of coffins. The housing problem in the City was acute, because the housing shortage had been mounting for the previous two years. The iniquitous system of key money became rife.

During that year, when butchers' meat became exhausted, efforts were made to encourage people to eat horse flesh as a substitute, and three or four shops were opened for the sale of horse flesh. The Markets Committee set aside a slaughter house at Aylestone abattoir for the exclusive purpose of slaughtering horses in order that the meat might be properly dressed. The medical officer in his report stated that "there is not the slightest objection to the use of horse flesh for food."

In 1919, came another wave of influenza, which caused approximately 500 deaths. In that year, for the first time on record, the infant mortality rate fell below 100 per 1,000 births. The housing problem was still acute.

In 1920, the infant mortality rate dropped to 89.4 per 1,000 births, and the deaths from phthisis to 255, as compared with an average of 311 for the previous five years. The birth-rate shot up to 25, as compared with 15.3 in the previous year. The Maternity and Child Welfare Department had assumed a more and more important place in the Public Health Department, and because of unemployment a scheme for making grants of milk to necessitous maternity cases and of otherwise assisting them with medical and midwives' fees, in whole or part, had to be extended. The medical officer complained that the provision of new houses was exasperatingly slow, and that all sorts of difficulties had been encountered. There were now two day nurseries in operation, and the daily average attendance between both was 51. The horse-drawn ambulances were abolished in that year.

1921 saw a clean milk campaign inaugurated in Leicester. The housing shortage was acute, but an economic drive in all directions was in progress, and little could be done.

Three notable events happened during 1922 :

1. It was decided to remove the Health Department Offices from the Town Hall.
2. Alderman Windley retired in November from the chairmanship of the Health Committee after 46 years in that office.
3. Chief Inspector Braley retired in July after 50 years' service. During his period of office he was responsible for the abolition of the pail closet.

Deaths from tuberculosis were on the upgrade. Mr. McHugh, the present Chief Sanitary Inspector, was appointed to his present post.

In 1923, notifications of tuberculosis rose to 763, as compared with 609 in 1922. The infant mortality rate was 84. The new Health Offices in Grey Friars were opened.

In 1924, there was a serious epidemic of diphtheria, with 429 cases and 34 deaths. There were now 12 health visitors, and 184 ante-natal sessions were held at the four ante-natal clinics then in existence. In the opinion, however, of the medical officer, the housing question still remained the most urgent social problem in Leicester. During that year 520 new houses were completed. The new steam disinfestor was completed at Mill Lane, and gave satisfactory results. A clean ice cream campaign was started, and a number of unsatisfactory premises were closed down.

In 1925, there was a mild epidemic of smallpox. Substantial progress was made in housing, and the medical officer included a special five-year review of the housing position in Leicester, which makes interesting reading.

In 1926, there was a serious outbreak of poliomyelitis, there being 81 cases and seven deaths. In that year the Corporation constructed 1,036 houses for the working class, and 667 were also built by private enterprise.

In 1927, there was another epidemic of mild smallpox. The report also contained a note on the new byelaw, which made it compulsory to stun all animals with a mechanically-operated instrument prior to slaughter.

In 1928, the infant mortality rate dropped to 70.71, which was a fresh record for Leicester. There was another outbreak of mild smallpox, but no deaths. There was only one death from measles during the whole year. The question of slum clearance was being actively pursued, and a large scheme involving Green Street and Sandacre Street area was sanctioned by the Council, prior to its submission to the Ministry of Health.

The great event of 1929, from the public health point of view, was the passing of the Local Government Act. The North Evington Poor Law Infirmary was transferred to the care of the Public Health Department, and became the City General Hospital, but the actual changeover did not take place until 1930. There was a mild epidemic of smallpox, but no deaths. The infantile mortality rate increased slightly, but this was apparently a common finding throughout the country for that year. The notifications of tuberculosis diminished, and owing to overcrowded conditions at the Health Offices, Grey Friars, the Tuberculosis Department moved to new premises at 59 Regent Road. In that year Dr. Humphreys, the Maternity and Child Welfare Medical Officer, and Mr. Bullock, City Analyst, were appointed to their present posts.

In 1930, the infant mortality rate was 55.7 per 1,000 births, the lowest figure ever recorded in Leicester. The medical officer was concerned at the ever-increasing mortality from cancer, and a mild but widespread epidemic of smallpox caused much additional work for the Department. As usual, his report contained a section on the abuse of alcohol, which he deprecated and which was ever increasing.

In 1931, the epidemic of smallpox still remained in the City, and caused a great deal of work for the staff. In that year, the City Analyst found some jelly cubes badly infected with penicillin moulds, and these were certified as unfit for food.

In 1932, there was a decrease in the notifications of tuberculosis, and the number of deaths from this disease had also diminished. The Medical Officer was of the opinion that the so-called compulsory vaccination law might be repealed by some voluntary system. During that year, a scheme for the extension of the City boundary had been prepared, and this scheme almost doubled the area of the City.

In his 1933 report the Medical Officer of Health discussed the question of whether health certificates should be given by both parties prior to marriage, and he thought that it was very desirable that an exchange of such certificates between engaged couples should become an established practice.

In 1934, the infantile mortality rate fell to 52.7 per 1,000 births. Tuberculosis was also on the decrease, both as regards the number of notifications and the deaths from this disease. Overcrowding was bad in parts, but was not a serious problem. Leicester was still without a public abattoir, but there were high hopes that a scheme would soon materialise. In this report, the medical officer made a brief review of the changes which had taken place during the 34 years which he had held office. He stated that when he was appointed he was not only Medical Officer of Health, but was, in addition, Medical Superintendent to the Isolation Hospital with one resident medical officer and also Public Analyst. When he was appointed there were only eight sanitary inspectors and one health visitor. At the time his report was written, there were then 12 medical officers excluding himself, 20 part-time medical officers, 21 sanitary inspectors and 20 health visitors. There was a whole-time public analyst with two whole-time assistants, and the committee had also agreed to the employment of veterinary officers (part time) and full employment of dental surgeons. In his report, he quoted comparative figures for the years 1901 and 1934, which make most interesting reading.

	General Death-Rate	Infant Mortality	Tuberculosis Mortality per 100,000
1901	15.7	178	165
1934	11.7	52	100

In 1935, the present Medical Officer of Health, Dr. E. K. Macdonald, was appointed. In addition to being Medical Officer of Health he was also appointed School Medical Officer. In that year, the number of cases of tuberculosis notified rose sharply, but this was partly due to the fact that the City's population had increased by fully 20,000, owing to the extension of the City boundaries.

1936 saw a year of steady progress. It was agreed to construct a new Fever Pavilion and additional sanatorium accommodation at the Isolation Hospital. There were no deaths from measles or scarlet fever ; the number of cases of tuberculosis notified fell, as also did the number of deaths. The Council at last decided to go ahead with an abattoir as planned, and to make application to the Government for its recognition as a special abattoir under the Livestock Industry Bill, 1936, when this became law. Good results were reported by the Chief Sanitary Inspector on rehousing and slum clearance.

In 1937, the maternal mortality rate was the lowest ever recorded in Leicester. Slum clearance was in full swing, and the medical officer reported that 1,709 families had been moved into new houses. In that year, a whole-time medical service came into operation at the Maternity and Child Welfare Clinics, and one Infant Welfare, a Toddlers' Clinic and four new Ante-Natal Clinics were opened. The new nurses' home at the Isolation Hospital was opened in September of that year. Four hundred and fifty-seven cases of diphtheria were notified, with 20 deaths. Significantly, training for Air Raid Precautions commenced during that year.

In 1938, the infantile mortality rate was the lowest ever recorded in Leicester and was 45.9. There were 701 cases of diphtheria, with 33 deaths ; none of these had been immunized. This was the year of the Munich crisis, and much of the routine work of the Public Health Department was pushed to one side, in order to make arrangements for Air Raid Precautions.

1939 saw the commencement of the second world war. The normal work of the Health Department was curtailed, owing to the urgent preparations which had to be made for Civil Defence, and many of the staff had to be diverted into special duties in connection with this service. The Slum Clearance Campaign was shelved. The number of new cases of tuberculosis was a new low record ; the number of deaths from diphtheria also fell. Many progressive schemes which the Medical Officer of Health had hoped to put into operation had to be put aside in order to meet the exigencies of war.

In 1940, the report was much curtailed. Infectious disease, particularly tuberculosis, was now on the increase, and the medical officer expressed concern at the "catch penny" lines of cheap food substitutes which were being foisted on the public. The number of new houses erected was very small. There was still only one day nursery.

1941 saw a rapid extension of the Maternity and Child

Welfare Department's activities, and approval was granted for the addition of six new day nurseries, in order to help speed up the production drive. Many foodstuffs of doubtful quality were being sold, but on these the medical officer had to turn the "Nelson eye."

In 1942, despite all the gloomy forebodings, notifications of tuberculosis were actually the lowest on record, but other public health problems were making themselves apparent. There was a large increase in the number of cases of scabies and venereal disease. The shortage of maternity beds was acute. The campaign to popularise diphtheria immunisation met with considerable success. Overcrowding was on the increase.

In 1943, despite the difficulties of food rationing, etc., the health of the City was well up to standard. The infantile mortality rate was low, and the figure for that year had only been bettered on one previous occasion—1938. The incidence of diphtheria was lower than ever before. The tuberculosis allowance scheme, which was of great assistance to patients and relatives, came into operation. A new regulation with far-reaching consequences with regard to venereal disease became operative, and this allowed for the follow-up of contacts of venereal disease which had been notified by sufferers of the disease.

In 1944, the infant mortality rate dropped to 39, which was the lowest ever recorded in the City. The City Ambulance Service was taken over by the Health Committee. Overcrowding and housing difficulties were becoming more and more acute. There were now ten day nurseries in operation, and these were providing a very much-needed social service. Venereal disease was becoming an exceedingly acute problem.

1945 saw the inauguration of the Radiography Centre, better known as the Mass X-Ray Service. The infant mortality rate rose, due to a severe outbreak of diarrhoea and vomiting, which the medical officer attributed to the presence in the streets of bins for the collection of food for pigs.

In 1946, the infantile mortality rate was still up, due to the continuance of diarrhoea amongst young children. The diphtheria campaign was showing excellent results, and the number of deaths from tuberculosis was the lowest ever on record. The Maternity and Child Welfare Department moved from Grey Friars to the present premises in Halford Street. Housing difficulties were extremely acute. Recruitment of nurses to hospitals was practically at a standstill. The Sanitary Inspector-City Analyst team was paying more and more attention to the conditions under which ice cream was being prepared, and a definite improvement in the standard of this commodity was evident. In that year, the National Health Service Act was passed.

In 1947, the infantile mortality rate fell considerably, but that year was notable for a large outbreak of poliomyelitis in the City, which was the most severe in the history of Leicester. In his annual report, the medical officer described how the new Act would affect the Health Department. During the year it was agreed to integrate the health visiting and school nursing staffs, a policy which had been aimed at for so many years. The Home-Help Service finally got on the way, and the campaign for better and purer ice cream was continued with excellent results.

The 1948 report is in your hands.

CHRONOLOGICAL LIST OF MEDICAL OFFICERS OF HEALTH IN LEICESTER SINCE 1849

1849—1852	John Buck
1852—1866	John Moore
1866—1878	J. Wyatt Crane
1878—1885	William Johnston
1885—1891	Hy. Tompkins
1891—1895	Joseph Priestley
1895—1901	Henry G. H. Monk
1901—1935	C. Killick Millard
1935—	E. K. Macdonald

Vital Statistics

1851-1948

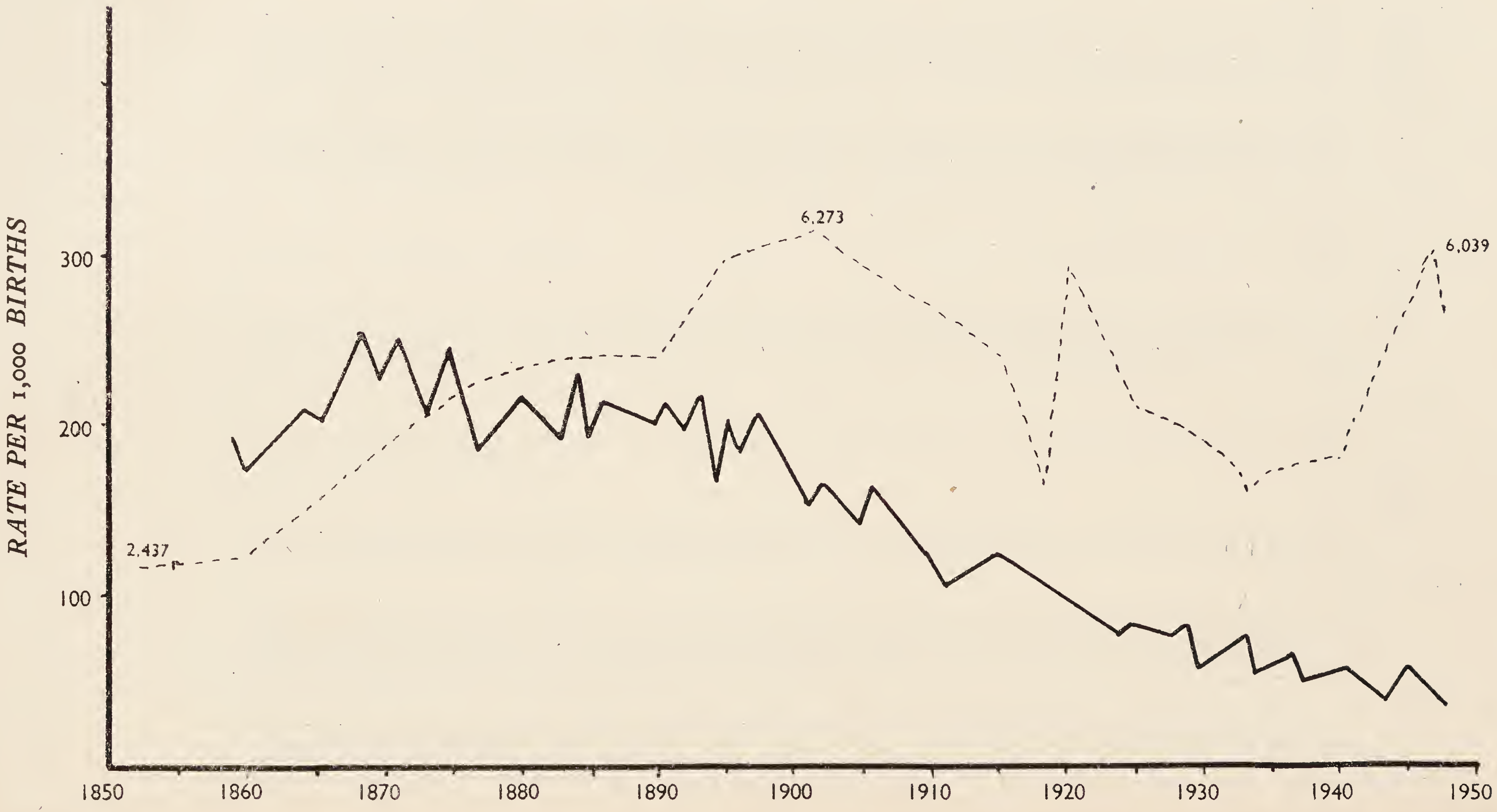
Year	Population	Total Births	Infant Mortality Rate	Total Deaths	Deaths in Children under the age of five	% of Deaths in Children under five to total number of Deaths
1851	60,760	2,437	194.5	1,545	837	54
1852	61,477	2,387	221.7	1,773	913	53
1853	62,181	2,283	211.4	1,680	780	46
1854	62,903	2,467	194.5	1,580	816	52
1855	63,624	2,301	179.1	1,489	605	41
1856	64,366	2,402	188.4	1,411	661	47
1857	65,119	2,441	219.6	1,845	973	57
1858	65,885	2,276	222.3	1,939	974	50
1859	66,663	2,518	199.4	1,684	863	51
1860	67,456	2,567	117.8	1,418	602	42
1861	68,638	2,540	204.0	1,785	897	50
1862	70,986	2,723	192.4	1,720	770	45
1863	73,413	2,937	206.0	2,249	1,199	53
1864	75,922	3,114	212.0	2,113	990	47
1865	78,516	3,226	206.8	2,035	1,036	51
1866	81,197	3,412	205.0	1,945	948	49
1867	83,970	3,496	226.2	2,119	1,090	51
1868	86,837	3,588	156.6	2,507	1,434	57
1869	89,804	3,760	229.0	2,347	1,211	52
1870	92,873	3,799	235.3	2,597	1,419	55
1871	95,823	3,982	252.4	2,570	1,361	53
1872	98,251	4,162	231.3	2,674	1,347	50
1873	100,741	4,447	208.4	2,478	1,333	54
1874	103,294	4,374	222.6	2,548	1,243	49
1875	105,913	4,270	242.0	2,889	1,491	52
1876	108,599	4,781	199.9	2,558	1,400	55
1877	111,355	4,753	188.7	2,515		
1878	114,182	4,779	205.2	2,500	1,370	55
1879	117,083	4,679	187.3	2,651	1,366	51
1880	120,059	4,860	220.1	2,960	1,727	58
1881	123,146	4,712	204.8	2,654	1,374	52
1882	126,275	4,857	194.4	2,528	1,297	51
1883	129,483	4,825	190.7	2,484	1,271	51
1884	132,773	4,851	233.5	2,937	1,615	55
1885	136,147	4,683	193.5	2,641	1,315	50
1886	139,606	4,863	216.5	1,738	1,383	50
1887	143,153	4,695	215.8	2,722	1,407	52
1888	146,690	4,814	204.7	2,640	1,331	50
1889	150,520	4,797	209.6	2,513	1,276	51
1890	154,344	4,699	203.7	2,799	1,263	45
1891	177,353	4,790	214.5	3,126	1,533	51
1892	180,066	5,816	197.7	3,250	1,658	51
1893	183,900	6,006	220.4	3,627	1,768	49
1894	187,250	5,995	161.9	2,730	1,301	47
1895	190,600	5,962	206.6	3,320	1,611	49
1896	194,100	6,212	185.7	3,277	1,624	49
1897	197,600	6,252	206.0	3,553	1,758	49
1898	201,250	6,152	191.1	3,480	1,703	49
1899	204,900	6,273	196.0	3,727	1,707	46

Year	Population	Total Births	Infant Mortality Rate	Total Deaths	Deaths in Children under the age of five	% of Deaths in Children under five to total number of Deaths
1900	208,600	6,207	174.1	2,729	1,627	44
1901	212,498	6,169	178.0	3,338	1,435	43
1902	213,974	6,313	153.3	3,172	1,303	41
1903	215,461	6,018	161.3	3,065	1,279	42
1904	216,958	5,981	161.1	3,266	1,255	38
1905	218,464	5,888	146.5	3,062	1,148	37
1906	219,980	5,863	166.2	3,341	1,397	44
1907	221,508	5,534	130.1	2,988	989	33
1908	223,046	5,680	129.7	3,119	1,109	35
1909	224,595	5,431	126.6	3,153	1,006	32
1910	226,154	5,380	126.3	2,806	890	32
1911	227,634	5,222	130.0	3,051	965	32
1912	229,294	5,182	109.0	3,118	846	27
1913	230,970	5,278	119.3	2,817	836	30
1914	232,664	5,144	119.9	2,996	924	31
1915	232,664	4,851	122.8	3,363	860	26
1916	225,907	4,684	104.8	3,110	758	24
1917	217,537	3,688	105.0	3,020	709	23
1918	217,537	3,246	108.1	3,981	757	19
1919	236,059	3,774	98.0	3,098	595	19
1920	236,874	5,905	89.4	2,874	717	25
1921	237,900	5,097	85.9	2,877	568	20
1922	238,240	4,646	87.8	3,038	610	20
1923	238,580	4,593	84.0	2,774	508	18
1924	238,920	4,380	79.0	2,931	508	17
1925	239,260	4,197	87.6	3,134	564	18
1926	239,600	4,119	77.4	2,977	445	15
1927	239,940	3,965	75.1	3,044	464	15
1928	240,280	3,988	70.7	2,748	347	13
1929	240,620	3,747	80.3	3,417	470	14
1930	240,960	3,872	55.7	2,744	286	11
1931	241,300	3,684	63.7	2,984	321	11
1932	240,800	5,383	70.0	3,022	335	11
1933	241,500	3,242	74.6	3,082	358	12
1934	241,100	3,417	52.7	2,831	255	9
1935	261,000	3,571	59.4	2,974	290	10
1936	261,800	3,786	58.4	3,030	266	9
1937	262,900	3,807	62.5	3,275	320	10
1938	263,300	3,873	46.0	2,951	249	8
1939	262,900	3,667	49.1	3,028	220	7
1940	259,400	3,604	51.2	3,754	279	7
1941	265,310	3,682	55.0	3,246	277	9
1942	259,400	4,324	50.6	2,916	260	9
1943	254,800	4,747	48.5	3,252	266	8
1944	257,450	5,232	39.0	3,074	247	8
1945	256,960	4,940	54.3	3.123	299	10
1946	269,320	5,659	53.7	3,304	334	10
1947	275,830	6,039	47.2	3,355	327	10
1948	280,300	5,353	38.3	3,027	225	7

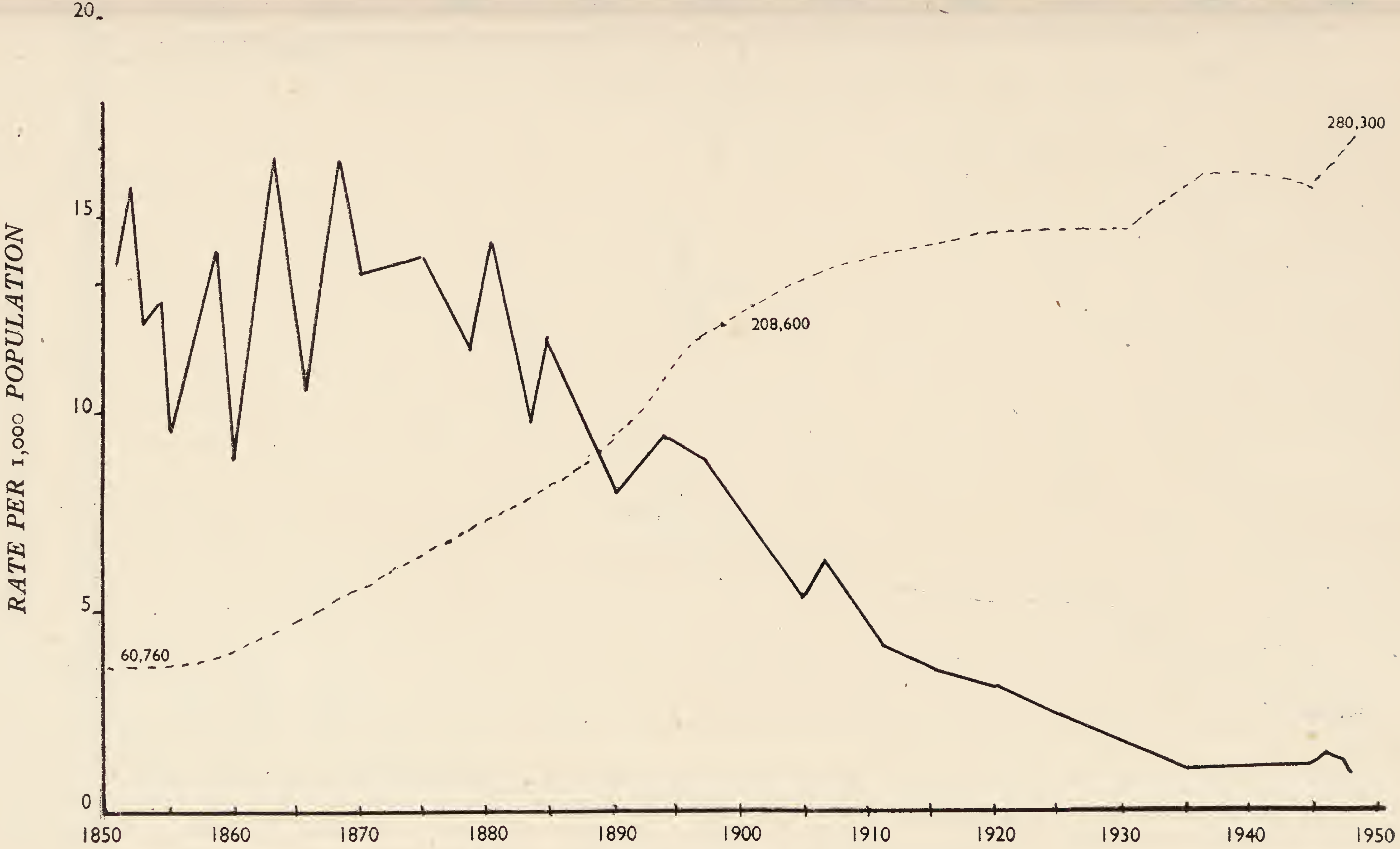
		Diphtheria		Scarlet Fever		Measles	Infantile Diarrhoea
Year	Population	Notifications	Deaths	Notifications	Deaths	Number of Deaths	Number of Deaths
1851	60,760						
1852	61,477		19		160	3	139
1853	62,181		17		41	8	138
1854	62,903		18		10	129	150
1855	63,624		16		5	1	118
1856	64,366		16		11	15	115
1857	65,119		15		102	66	202
1858	65,885		22		174	55	120
1859	66,663		10		39	53	104
1860	67,456		2		2	6	56
1861	68,638		4		1	124	160
1862	70,986		2		14	6	99
1863	73,413		7		236	91	170
1864	75,922		2		47	3	180
1865	78,516		3		8	86	226
1866	81,197		3		9	13	147
1867	83,970		3		40	2	209
1868	86,837		10		9	249	349
1869	89,804		9		8	43	272
1870	92,873		11		163	42	240
1871	95,823		7		112	35	303
1872	98,251		2		5	36	305
1873	100,741		9		6	62	313
1874	103,294		8		19	24	257
1875	105,913		7		175	49	308
1876	108,599		10		173	50	263
1877	111,355		9		33	40	185
1878	114,182		5		12	45	302
1879	117,083		11		105	72	88
1880	120,059		23		119	166	398
1881	123,146		11		184	7	193
1882	126,275		5		72	74	214
1883	129,483		6		91	15	148
1884	132,773		11		63	57	357
1885	136,147	55	14	1,816	113	52	198
1886	139,606	51	4	817	44	43	271
1887	143,153	81	13	272	5	87	257
1888	146,690	67	13	132	4	77	161
1889	150,520	84	10	409	6	62	136
1890	154,344	75	11	516	38	30	245
1891	177,353	65	14	794	17	84	226
1892	180,066	67	10	1,331	41	126	236
1893	183,900	139	20	2,308	81	52	421
1894	187,250	66	12	855	30	106	193
1895	190,600	75	36	723	15	29	419
1896	194,100	170	53	2,110	48	120	340
1897	197,600	229	73	1,645	73	12	472
1898	201,250	218	63	923	44	211	409
1899	204,900	892	222	1,247	42	31	401

Year	Population	Diphtheria		Scarlet Fever		Measles	Infantile Diarrhoea
		Notifications	Deaths	Notifications	Deaths	Number of Deaths	Number of Deaths
1900	208,600	1,452	316	839	28	49	376
1901	212,498	1,034	155	758	6	17	302
1902	213,974	320	29	826	11	73	179
1903	215,461	211	28	533	15	74	185
1904	216,958	97	6	554	4	32	310
1905	218,464	173	11	1,117	36	53	243
1906	219,980	315	27	2,301	52	80	312
1907	221,508	178	17	1,710	44	60	131
1908	223,046	123	9	1,206	29	167	183
1909	224,595	140	14	1,768	23	109	135
1910	226,154	114	11	1,013	15	13	97
1911	227,634	246	21	1,309	9	71	219
1912	229,294	220	21	1,298	13	96	44
1913	230,970	185	19	548	7	31	154
1914	232,664	136	19	577	5	97	119
1915	232,664	156	27	332	2	73	172
1916	225,907	115	11	647	2	140	77
1917	217,537	128	18	573	3	98	70
1918	217,537	154	15	583	5	59	41
1919	236,059	272	30	579	2	1	54
1920	236,874	471	41	946	1	83	69
1921	237,900	324	28	714	1	7	97
1922	238,240	168	20	619	7	48	58
1923	238,580	142	9	576	2	21	60
1924	238,920	429	35	335	4		81
1925	239,260	350	34	774	10	43	67
1926	239,600	366	37	477	5	8	45
1927	239,940	309	11	620	3	18	24
1928	240,280	461	17	1,971	4	1	50
1929	240,620	253	13	517	2	17	27
1930	240,960	198	7	423	2	5	33
1931	241,300	115	6	404		14	40
1932	240,800	76	5	463	2	10	28
1933	241,500	338	11	432	1	17	34
1934	241,100	463	20	1,401	1	12	21
1935	261,000	424	8	1,405	1	9	23
1936	261,800	267	7	534			20
1937	262,900	454	20	611		10	21
1938	263,300	692	33	551		1	17
1939	262,900	512	23	422		1	25
1940	259,400	840	50	1,315		10	11
1941	265,310	713	21	558	1	1	28
1942	259,400	558	8	551		2	45
1943	254,800	160	3	430		1	25
1944	257,450	133	6	514			25
1945	256,960	98	1	718		5	47
1946	269,320	68	1	381		1	76
1947	275,830	27		353		5	83
1948	280,300	32	1	470			19

INFANT MORTALITY

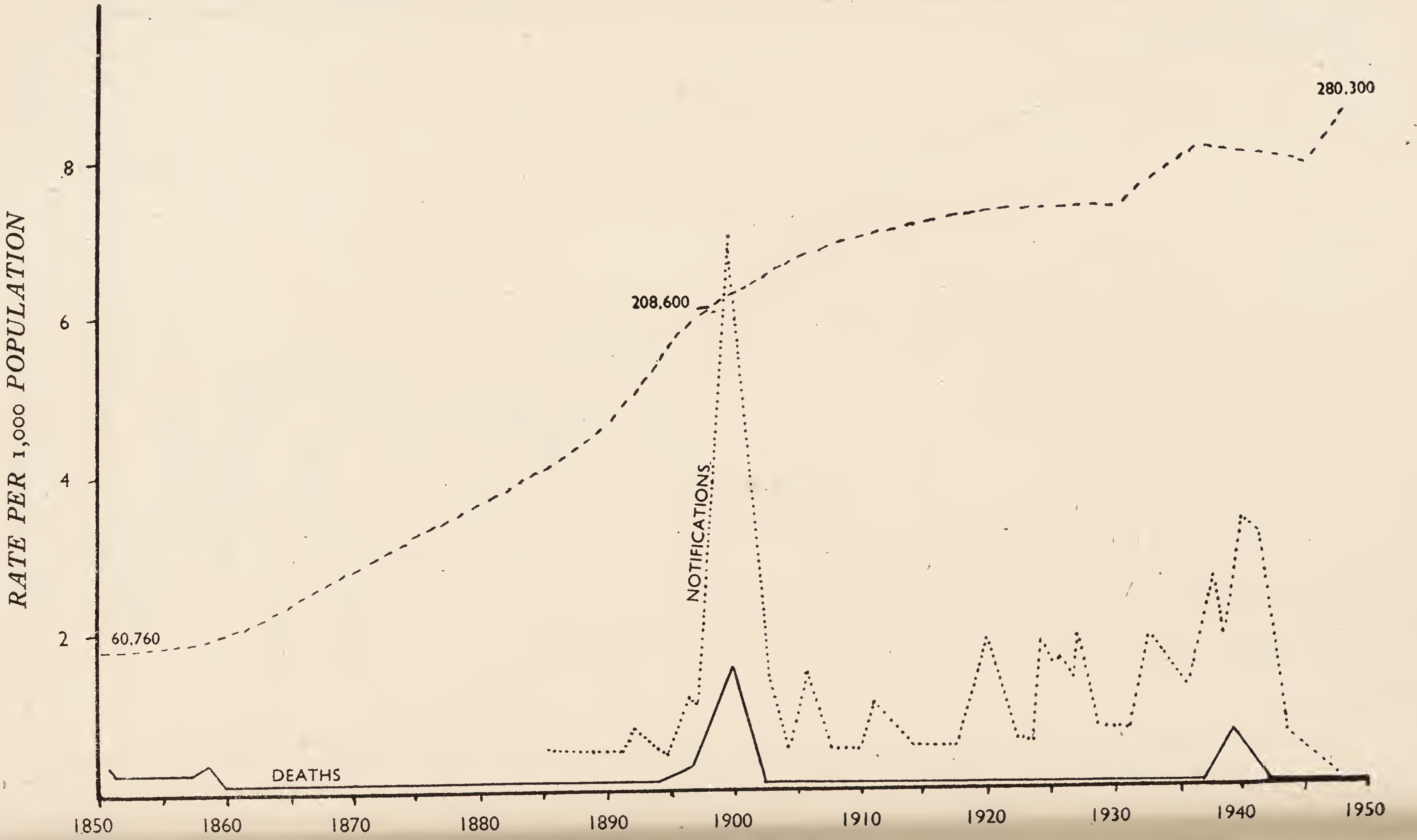


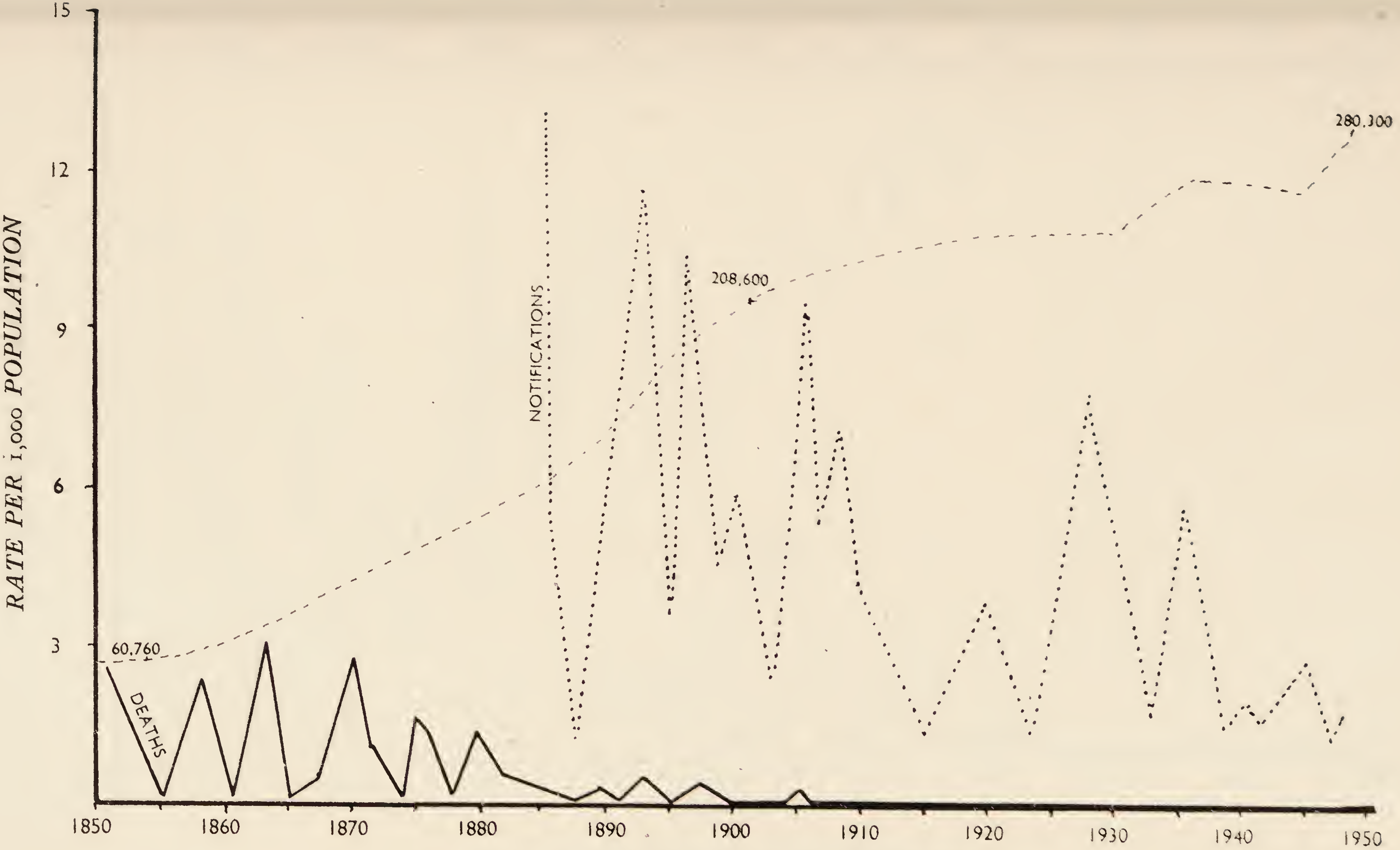
(*Note: The 'hatched' line shows the fluctuations in the number of births*)



(Note: The 'hatched' line shows the increase in population)

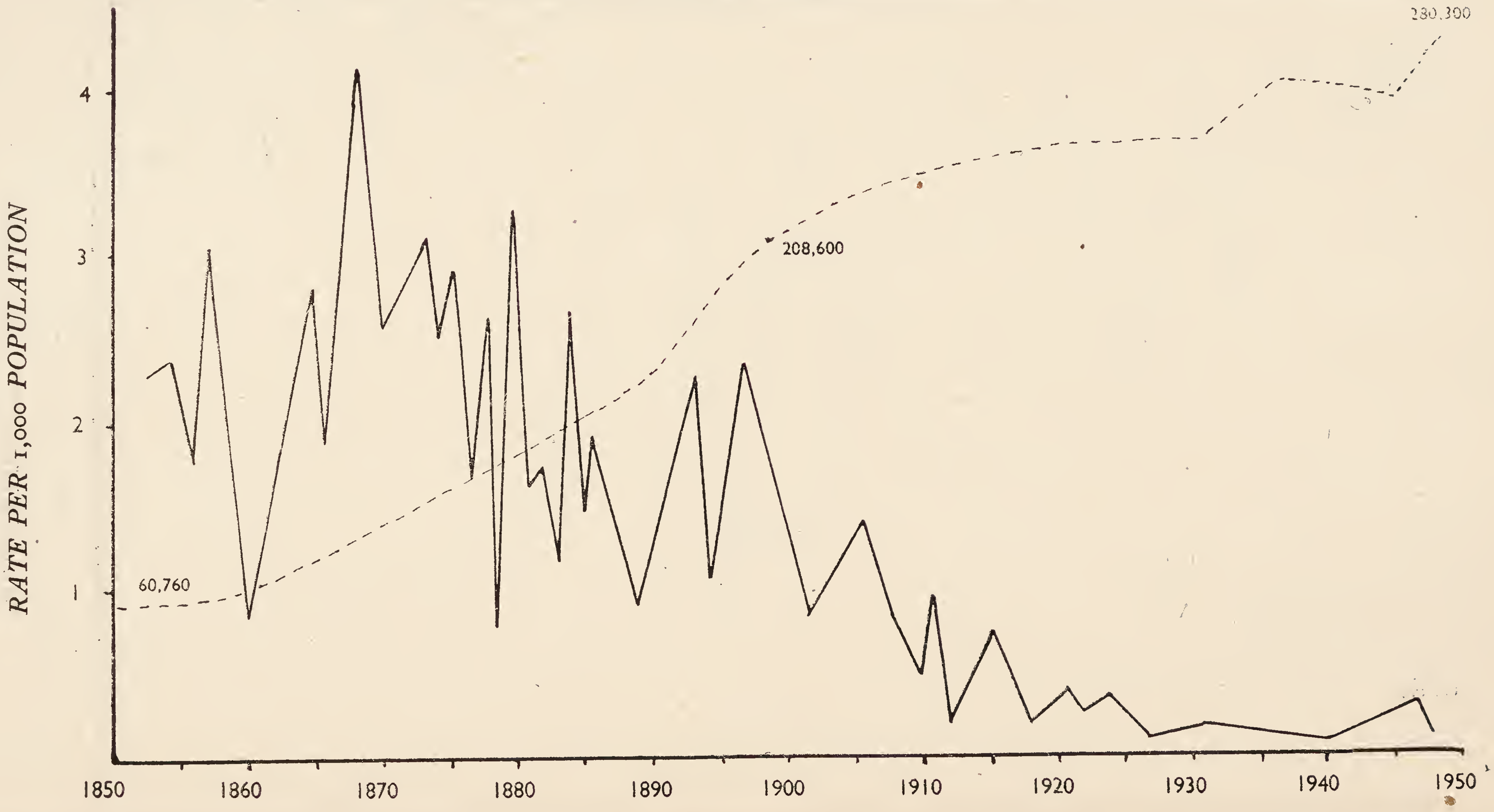
DIPHTHERIA


RATE PER 1,000 POPULATION
8
6
4
2
1850
1860
1870
1880
1890
1900
1910
1920
1930
1940
1950
60,760
208,600
280,300
NOTIFICATIONS
DEATHS

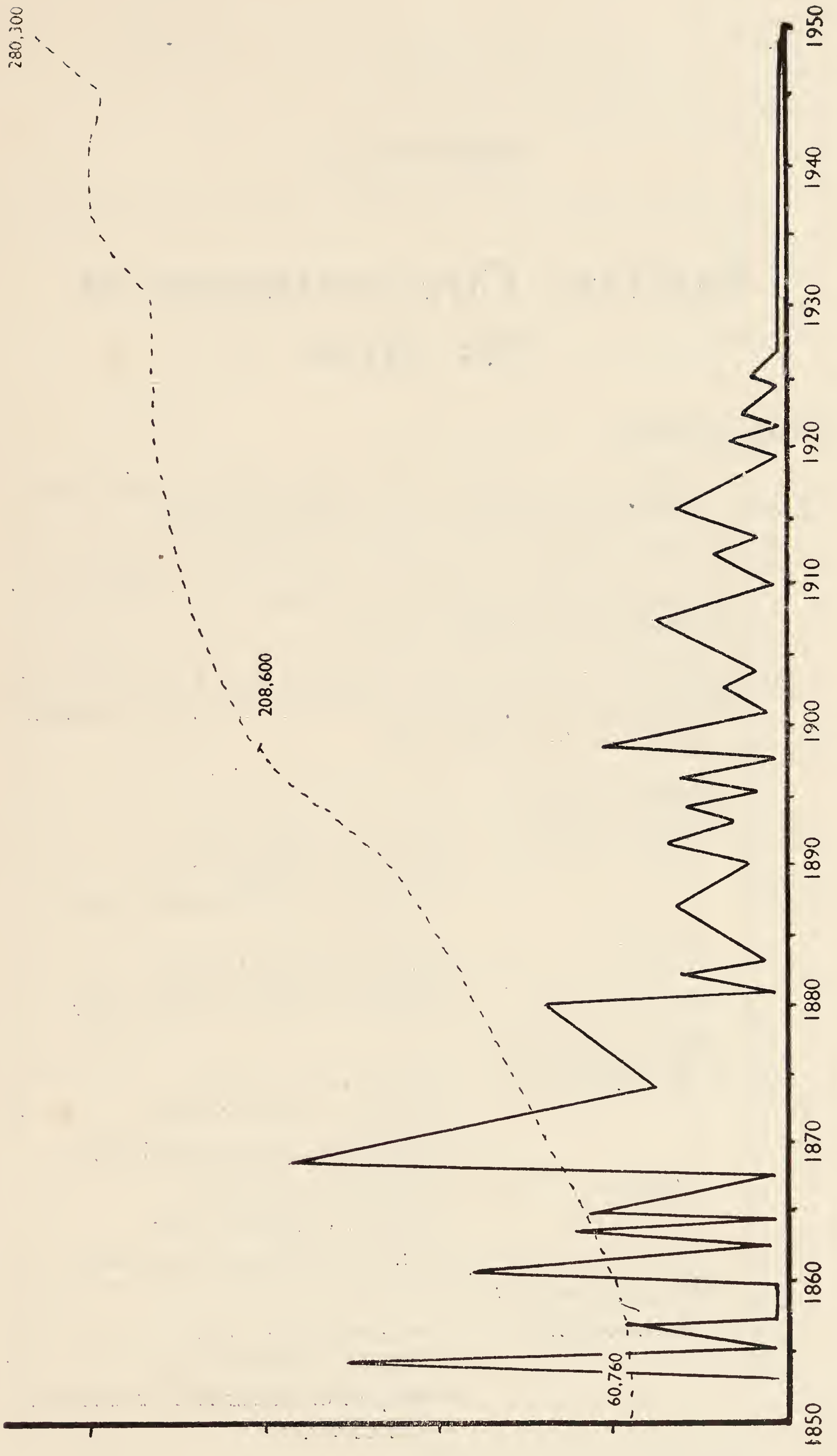


(Note: *The 'hatched' line shows the increase in population*)

DEATHS FROM DIARRHOEA



(*Note: The 'hatched' line shows the increase in population*)



(Note: The 'hatched' line shows the increase in population)

SECTION C

Sanitary Circumstances of the Area

Water Supplies

I am indebted to the courtesy of the Water Engineer and Manager (Mr. T. S. Griffin, M.Inst.C.E.) for the following report :

(1) The water supply in the statutory area of the Leicester City Corporation has been satisfactory during the year 1948 both as regards (*a*) quality and (*b*) quantity.

(2) The following are the number of samples from Local Reservoirs submitted for bacteriological examination and chemical analysis to the City Analyst during 1948 :

Cropston Reservoir :	
Bacteriological . .	3 samples of raw water 12 samples of filtered water 11 samples of chloraminated water
Chemical	2 samples of raw water 6 samples of filtered water 2 samples of chloraminated water
Swithland Reservoir :	
Bacteriological . .	3 samples of raw water 16 samples of filtered water 12 samples of chloraminated water
Chemical	2 samples of raw water 5 samples of filtered water 3 samples of chloraminated water
Thornton Reservoir :	
Bacteriological . .	5 samples of raw water 11 samples of filtered water 11 samples of chlorinated or chloraminated water

Chemical. . ..	4 samples of raw water 6 samples of filtered water 3 samples of chlorinated or chloraminated water

In addition to the above analyses of local waters, the following analyses of Derwent Water have also been made by the City Analyst :

Derwent Water :

Bacteriological ..	3 samples of filtered and chlorinated water
Chemical. . ..	3 samples of filtered and chlorinated water

All the chlorinated and chloraminated samples were passed as satisfactory and the filtered samples were approved subject to sterilisation.

Apart from the above, regular samples of water for both chemical and bacteriological examinations have been taken at random from various points within the area, both by officers of the Health Department and the Water Department. All samples have been passed as satisfactory for drinking purposes.

The raw water from the Derwent Valley, being a soft moorland water, is liable to be plumbo-solvent, and corrective treatment by the continuous addition of lime is carried out by the Derwent Valley Water Board in fulfilment of its obligation under Section 58 of the Derwent Valley Water Act of 1899.

Any suspected form of contamination has been investigated by the City Analyst and the necessary action taken by the Water Engineer.

The number of houses in the Authorised Area of the Leicester Corporation with a piped water supply is approximately 115,780. Of this number, approximately

(*a*) 113,780 are supplied direct to the house
(*b*) 2,000 are supplied by taps in yards, etc.

The population supplied at the present time is estimated to be 403,000, and apportioning this figure between the number of houses supplied direct and from taps in yards, it may be estimated that approximately 396,000 persons receive a supply direct to the house and 7,000 people receive a supply from taps in yards.

No standpipes are allowed in the Water Area of the Corporation.

SECTION D.

HOUSING

The following houses were built in Leicester in 1948 :

By Housing Committee	553
By Private Builders	207
Total	760

The serious housing shortage, of necessity, requires the continued use of old and out-of-date premises. These need patching and the constant attention of the Sanitary Inspectorate.

The depleted staff of Inspectors have done their best during the year under review to maintain a reasonable standard of repair.

TABLE 8

HOUSING STATISTICS

For year ended 31st December, 1948

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	7,134
(b) Number of inspections made for the purpose	8,164
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	1,274
(b) Number of inspections made for the purpose	2,229
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	3
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	2,649

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,185

3.—Action under Statutory Powers.

A—*Proceedings under Sections* 9, 10 *and* 16 *of the Housing Act,* 1936 :	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	25
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	15
(b) By Local Authority in default of owners	
B—*Proceedings under Public Health Acts* :	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	44
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	20
(b) By Local Authority in default of owners	22
C—*Proceedings under Sections* 11 *and* 13 *of the Housing Act,* 1936 :	
(1) Number of dwelling houses in respect of which Demolition Orders were made	8
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	
D—*Proceedings under Section* 12 *of the Housing Act,* 1936 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	

APPENDIX I.

Report on the Chest Clinic for 1948

by

E. G. LAWRIE, M.B., Ch.B.

FOREWORD BY THE MEDICAL OFFICER OF HEALTH

Administration

The year 1948 for the Tuberculosis Service as for most other branches of the Medical Service was a year of considerable change.

On the 5th July, 1948, the responsibility for the clerical side of the work passed from the local authority to the Regional Hospital Board, which became the employing body of the Medical Officers, and Clerical Staff, and the owner of the Clinic premises.

As however, it is recognized that Tuberculosis is not only a medical but also a social problem, the local authority retains an interest in the work of the Dispensary. It has been agreed that one quarter of the time of the Tuberculosis Officers shall remain available to the Health Department which also retains in full the services of the Health Visitors.

The Tuberculosis Dispensary (or Chest Clinic, as it is now called) has thus become the dual responsibility of Board and Authority. By this means a proper attitude towards the problems presented by the disease should be achieved.

The Tuberculosis Officer has continued to attend and report to the appropriate sub-committee of the Health Committee as well as to Hospital Management Committee No. 2 which controls the major side of the work of the Centre on behalf of the Regional Hospital Board.

Staff

There was no change in the Medical Staff during the year under review, but Miss Mound, who had held the position of Tuberculosis Health Visitor since 1926, resigned on Superannuation on the 31st December, 1948. Her valued service over more than twenty years has earned her a happy retirement.

Clinical

From a study of the Tables supplied from the Chest Clinic, the following facts emerge :

(i) There was a welcome reduction in the incidence of the disease, as regards phthisis.

(ii) There was an increase in non-pulmonary disease.

(iii) The total number of deaths from the disease was the lowest ever recorded, except for 1945. The death rate was the lowest ever recorded.

(iv) Out of 167 deaths, 77 occurred between the ages of 25-44 years.

Report on the Chest Clinic for 1948

by

E. G. LAWRIE, M.B., Ch.B.

Premises

No change.

Staff

Nurse Mound resigned.

New Cases notified during 1948

Four hundred and eighty-one new cases of Tuberculosis were notified in 1948, as compared with 526 in 1947—a total decrease of 45. The pulmonary cases decreased by 53 (403, as compared with 458), the non-pulmonary cases increased by 10 (78, as compared with 68).

The following table gives the number of new cases since 1920 :

1920	Pulmonary,	572 ;	Non-pulmonary,	59 ;	Total,	631
1921	,,	497 ;	,,	105 ;	,,	602
1922	,,	566 ;	,,	43 ;	,,	609
1923	,,	692 ;	,,	71 ;	,,	763
1924	,,	725 ;	,,	65 ;	,,	790
1925	,,	606 ;	,,	77 ;	,,	683
1926	,,	650 ;	,,	77 ;	,,	727
1927	,,	700 ;	,,	80 ;	,,	780
1928	,,	668 ;	,,	117 ;	,,	785
1929	,,	657 ;	,,	77 ;	,,	734
1930	,,	582 ;	,,	66 ;	,,	648
1931	,,	511 ;	,,	61 ;	,,	572
1932	,,	442 ;	,,	69 ;	,,	511
1933	,,	438 ;	,,	74 ;	,,	512
1934	,,	331 ;	,,	72 ;	,,	403
1935*	,,	460 ;	,,	100 ;	,,	560
1936	,,	355 ;	,,	79 ;	,,	434
1937	,,	345 ;	,,	88 ;	,,	433

1938	....	Pulmonary,	310 ;	Non-Pulmonary,	84 ;	Total,	394
1939	...	,,	299 ;	,,	84 ;	,,	383
1940	....	,,	343 ;	,,	101 ;	,,	444
1941	....	,,	390 ;	,,	75 ;	,,	465
1942	....	,,	365 ;	,,	85 ;	,,	450
1943	....	,,	359 ;	,,	93 ;	,,	452
1944	....	,,	392 ;	,,	52 ;	,,	444
1945	....	,,	355 ;	,,	60 ;	,,	415
1946	....	,,	440 ;	,,	55 ;	,,	495
1947	....	,,	458 ;	,,	68 ;	,,	526
1948	....	,,	403 ;	,,	78 ;	,,	481

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*City Boundary extended and population increased by 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County.

The following table gives the sex and age periods of those notified during 1948 :

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up.	Total
Pulmonary												
Males ..	—	9	9	5	22	24	46	37	26	29	7	214
Females ..	—	8	8	8	24	42	54	24	11	6	4	189
Non-pulmonary												
Males ..	1	5	8	1	4	6	7	2	2	—	1	37
Females ..	1	3	6	2	7	4	10	5	2	1	—	41

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

	Pulmonary Tuberculosis in Young Adults (Notifications) (15-24) during the past 6 years											
	1943		1944		1945		1946		1947		1948	
Ages.	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males	15	23	12	35	11	28	21	44	29	37	22	24
Females	28	32	32	36	27	38	32	33	39	42	24	42
Total	43	55	44	71	38	66	53	77	68	79	46	66
Total bothsexes	98		115		104		130		147		112	

This table shows for the year 1948 there has been a decrease of 35 young adults notified, as compared with 1947, and is 18 less than in 1946.

DEATHS

Deaths due to Pulmonary Tuberculosis	167
Deaths due to non-Pulmonry Tuberculosis ..	20

The pulmonary deaths (167) are 19 less than in 1947. The non-pulmonary deaths (20) are one less than in 1947.

Place of Death.

Leicester General Hospital	15
Groby Road Sanatorium	54
Other Institutions	16
In patients' own homes	102
	187

Number of Deaths from Tuberculosis in Leicester in past years.

Year. (1)	Phthisis. Deaths. (2)	Phthisis. Rate per 100,000 Population. (3)	Other Tuberculous Diseases. Deaths. (4)	Other Tuberculous Diseases. Rate per 100,000 Population. (5)	Total Tuberculous Deaths. Deaths. (6)	Total Tuberculous Deaths. Rate per 100,000 Population. (7)
1935	234	91	18	7	252	98
1936	202	77	28	11	230	88
1937	216	82	35	13	251	95
1938	174	66	21	8	195	74
1939	183	70	25	9	208	79
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67

The following Tables give the Age, Sex Distribution and Occupations of those dying from Pulmonary Tuberculosis during 1948 :—

Age and Sex Distribution of Deaths from Phthisis in 1948.

Age Period.	Males.	Females.	Total.
0—1	—	—	—
2—4	—	—	—
5—9	—	—	—
10—14	—	1	1
15—19	—	8	8
20—24	4	7	11
25—34	15	23	38
35—44	28	11	39
45—54	18	7	25
55—64	23	8	31
65 and upwards ..	10	4	14
All ages ..	98	69	167

Occupations of Persons Dying from Phthisis in 1948.

	M.	F.		M.	F.
Shoe Trade :					
Finishers	2	—	Clerks	8	2
Lasters	2	—	Tailoring Trade.. ..	—	1
Clickers	3	—	Shop Assistants	1	1
Machinists	1	1	Painters	2	—
Pressmen	2	—	Butchers	1	—
Various	3	—	Grocers	1	—
			Various	35	4
	13	1	Occupations not stated (includes Married Women, Widows, Children and Persons of no occupation)	2	55
*Hosiery Trades	2	5			
Labourers	11	—			
Bricklayers	4	—			
Engineers ..	16	—	Grand Total ..	98	69
Carpenters	2	—			

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

ANALYSIS OF DEATHS.

Pulmonary Cases having had Institutional Treatment.

Stage when first examined		Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. – ve cases	20	1	—	1	1	3	2	5	3	4
T.B. + ve Stage I. ..	31	—	—	1	1	3	2	8	1	15
T.B. + ve Stage II. ..	35	—	—	1	3	4	1	3	5	18
T.B. + ve Stage III. ..	8	—	—	—	—	3	—	—	2	3
Total	94	1	—	3	5	13	5	16	11	40

Of the total 94 recorded in this table, 83 were treated at Groby Road Sanatorium, 4 were treated at the Leicester General Hospital and 7 were treated at both Groby Road Sanatorium and Leicester General Hospital.

Pulmonary Cases not having had Institutional Treatment.

Stage when first examined		Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. – ve cases.	14	1	1	1	—	2	—	1	3	5
T.B. + ve Stage I. ..	14	3	1	2	1	3	—	1	3	—
T.B. + ve Stage II. ..	11	1	—	1	6	—	—	1	1	1
T.B. + ve Stage III. ..	5	1	—	2	2	—	—	—	—	—
Total	44	6	2	6	9	5	—	3	7	6

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE DISPENSARY.

TOTAL	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
12	6	—	1	1	1	1	—	1	1

These tables account for 150 deaths. In addition, there were 17 deaths of patients who had never been notified as suffering from tuberculosis. This gives a total of 167 Pulmonary deaths.

Deaths from Pulmonary Tuberculosis in Children (0-14) During the past six years.

	1943			1944			1945			1946			1947			1948		
Ages.	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14
Males ..	1	–	–	–	–	1	1	–	–		–	–	2	–	1	–	–	–
Females ..	3	–	–	2	–	1	–	–	–	1	1	1	1	–	–	–	–	1
Total ..	4	–	–	2	–	2	1	–	–	1	1	1	3	–	1	–	–	1
Total each year ..	4			4			1			3			4			1		

No deaths of children under five years of age from Pulmonary Tuberculosis have occurred during 1948.

Deaths from Pulmonary Tuberculosis in Young Adults (15-24) during the past six years.

	1943		1944		1945		1946		1947		1948	
Ages.	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	4	6	2	7	1	8	3	7	3	4	–	4
Females ..	3	11	5	11	6	13	2	10	6	15	8	7
Total ..	7	17	7	18	7	21	5	17	9	19	8	11
Total (both sexes) ..	24		25		28		22		28		19	

There has been a decrease of nine in the deaths from Pulmonary Tuberculosis in young adults in 1948 as compared with 1947.

Non-Pulmonary Tuberculosis Deaths.

Skin	Bones & Joints	Glands	Renal	Abdominal	Meninges	Miliary	Spleen	Total
—	2	—	4	1	10	2	1	20

Of the 20 non-pulmonary deaths five are known to have been in contact with one or more persons suffering from Pulmonary Tuberculosis. Meningitis once again is responsible for the greatest proportion of these deaths.

Deaths from Tuberculous Meningitis in Children (0-14) during the past six years

	1943	1944	1945	1946	1947	1948
Males	2	4	3	7	1	3
Females ..	3	4	8	3	1	4
Total	5	8	11	10	2	7

Seven deaths of children occurred from Meningitis, which is five more than in 1947.

Recovered Cases

During the past year the names of 94 patients were removed from the register as having "recovered." Of these, 60 were pulmonary and 34 non-pulmonary. Of the pulmonary cases, 19 had at one time been open positive sputum cases.

Visits

Visits paid by Tuberculosis Officers for the purpose of examination	366
Ditto Dispensary Nurses	5,114
Ditto District Nurses	3,645

Additional Nourishment

Free milk—generally one pint daily—has been granted to necessitous patients whose income falls below a certain scale. During the year three patients were assisted in this way, at a total cost of £16 19s. 7d.

Certificates were granted to a large number of cases with active Tuberculosis in order to enable them to obtain an additional allowance of milk for which they were able to pay.

Chest Clinic as the "Centre for Diagnosis"

Notes from 98 doctors requesting an opinion on 1,285 patients were dealt with during the past twelve months. In addition, many patients, not under medical attention, called on their own initiative desiring to know whether they had tuberculosis.

Clinical Examinations

	Men	Women	Children	Total
First Examinations	546	610	326	1,482
Re-examinations	1,497	1,228	868	3,653

Contact Examinations

	1946	1947	1948
Number of contacts examined	424	669	721
Number found to be definitely tuberculosis	2	15	21

Bacteriological Examinations

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :			
From Practitioners ..	20	122	142
From Patients examined at the Dispensary ..	341	758	1,099
Specimens other than sputum..	—	14	14
Total	361	894	1,255

Radiological Examinations

	1947	1948
Radiological examinations carried out at Groby Road Sanatorium and at the Mass Radiography Unit	4,296	4,879

Attendances

Total number of attendances	10,202

Analysis of Cases on Dispensary Register.

DIAGNOSIS	Pulmonary				Non-Pulmonary				Total				Gr'd T'ls.
	Adults		Children		Adults		Children		Adults		Children		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A. New Cases examined during the year excluding contacts:—													
(*a*) Definitely Tuberculous ..	140	128	11	17	18	20	7	2	158	148	18	19	343
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	185	174	79	64	502
(*c*) Non - Tuberculous	—	—	—	—	—	—	—	—	203	288	76	70	637
B. Contacts examined during the year:—													
(*a*) Definitely Tuberculous ..	4	7	7	3	—	—	—	—	4	7	7	3	21
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	2	4	17	13	36
(*c*) Non - Tuberculous	—	—	—	—	—	—	—	—	126	231	156	151	664
C. Cases written off Dispensary Register :—													
(*a*) Recovered ..	23	28	3	6	9	16	4	5	32	44	7	11	94
(*b*) Non - Tuberculous ..	—	—	—	—	—	—	—	—	470	645	320	276	1711
D. Number of Cases on Dispensary Register on December 31st :													
(*a*) Definitely Tuberculous ..	862	746	77	57	123	106	40	26	985	852	117	83	2037
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	167	148	116	107	538

1. Number of cases on Dispensary Register on January 1st, 1948	2,387	2. Number of cases transferred from other areas and cases returned after discharge	62
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..	122	4. Cases written off during the year as dead (all causes)	156
5. Number of attendances at the Chest Clinic ..	10,202	6. Number of visits by Nurses to homes for Clinic purposes	5,114
7. Number of visits by the Tuberculosis Officers to homes of patients for the purpose of examination	366	8. Number of consultations with medical practitioners. (a) Personal .. .. (b) Other	360 1,285
9. Number of "recovered" cases restored to the Register	6	10. Number of : (a) Bacteriological Examinations .. .. (b) X-ray examinations made in connection with the Chest Clinic work	1,255 4,879

APPENDIX II.

Report on Maternity and Child Welfare

for the year 1948

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B.(Edin.)
Maternity and Child Welfare Medical Officer

STAFF

Medical Staff

Dr. Margaret Slater commenced duties on the 12th January, 1948, and replaced Dr. McGowan, who left the Department in December, 1947.

Health Visitors

Miss E. M. Cragg retired on 31st March, 1948, on superannuation. She had been a Health Visitor since 1919 and later became the Senior Health Visitor and Deputy to the Superintendent. She carried with her into retirement the good wishes of her colleagues and the gratitude of many hundreds of mothers in various parts of the City.

Miss B. Taylor left the Department on the 12th June to go to Canada.

Mrs. E. A. Grainger, the Diphtheria Immunisation Nurse, became a student Health Visitor in July, 1948.

Midwives

Miss M. L. Hopkins retired on the 4th April, 1948, on superannuation. She has been a practising midwife for over 25 years and was the first municipal midwife to retire on pension.

Miss Spink left the service on the 31st December to train as a Health Visitor.

Miss D. Clarke left on the 31st July, 1948.

The following midwives were appointed to fill the vacancies in the staff:

Miss N. Viccars and Miss G. M. Bentley on the 1st April, 1948.

Mrs. Stafford, who had been working as a part-time midwife, commenced duty as a full-time member of the staff on the 1st June, 1948.

Mrs. E. M. J. Dodson commenced duties on the 9th August, 1948.

Clerical Staff

Miss M. Bunting left the Department on the 19th June on the occasion of her marriage. Her place was taken by Miss M. Malaghan, who had been working in the general office as a Junior Clerk. Miss M. R. Clarke was appointed to replace Miss Malaghan and she commenced duties on the 12th July, 1948.

Miss F. E. Brooks commenced duties on the 9th August, 1948, as a clerk in connection with the Health Visitors' Training Course.

Health Visiting Staff and the School Health Service

As reported in detail in last year's report, a unique opportunity to integrate these two services occurred in 1947 and during the year under review it has been possible to arrange for some Health Visitors to undertake work in the School Health Service Department and for the Health Visitors of that Department to do Health Visitors' duties here.

Training School for Health Visitors

The first course of training of the Approved Training School commenced in July, 1948, with Miss M. M. Knott appointed as the first Tutor. There were seven students and six of them obtained the Health Visitor's Certificate in January, 1949.

The number of vacancies in the course is twenty and already courses are being booked well in advance.

It is intended that by offering bursaries to selected candidates the establishment of the Health Visitors in the Department will reach the required figure in a comparatively short time. Many other Local Authorities are availing themselves of vacancies for training in this Training School.

Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old	5,327	(6,003)
,, ,, revisits to children under one year old ..	12,251	(14,148)
,, ,, visits to children one to five years old ..	17,461	(15,970)
,, ,, visits to cases of Ophthalmia Neonatorum	13	(15)
,, ,, first visits to ante-natal cases	593	(695)
,, ,, other visits to ante-natal cases	209	(109)
,, ,, visits to children under Infant Life Protection Act	543	(734)
,, ,, visits concerning adoption	325	(335)
,, ,, visits paid to Daily Minders	28	(—)
,, ,, other visits (no access)	6,062	(6,052)
,, ,, other visits (not classified)	1,413	(1,710)
,, ,, visits concerning infant deaths and stillbirths	126	(143)
,, ,, visits concerning applications for maternity bed accommodation	411	(436)
Totals	44,762	(46,344)

During the previous year, the decrease in the amount of the district work, which had been a regrettable factor for many years, had stopped and it was hoped to maintain this improvement, but loss of staff and additional clinic sessions, child welfare and ante-natal, have depleted the amount of time available for district visiting.

Attendance of Health Visitors at Clinic sessions :

Infant Welfare Centres	2,488	(2,335)
Ante-natal Clinics	1,431	(1,355)
Post-natal Clinics	30	(54)
Birth Control Clinic	111	(100)
School Clinics	106	(10)
Diphtheria Immunisation	48	(58)
Scabies Clinics	—	(127)
	4,214	4,039

Ante-natal Clinics

The number of ante-natal attendances during the year 1948 was as follows :

(Corresponding figures, where available, for the previous year are in brackets)

Clinic		No. of Sessions	ATTENDANCES			
			First Visits	Re-Visits	Total	Avg. per Session
Cort Crescent ..	Tues.	50 (5)	72 (5)	543 (67)	615 (72)	12
	Wed.	53 (52)	160 (265)	851 (1406)	1011 (1671)	19
13 Crescent Street..	Tues.	50 (49)	155 (277)	900 (1125)	1055 (1402)	21
	Fri.	52 (42)	123 (98)	739 (729)	862 (827)	17
*119 Highcross Street	Wed.	— (22)	— (157)	— (532)	— (689)	—
	Fri.	— (21)	— (149)	— (830)	— (979)	—
†Causeway Lane ..	Wed.	53 (30)	191 (127)	965 (668)	1156 (795)	22
	Fri.	52 (25)	163 (105)	998 (599)	1161 (704)	22
Belgrave Hall ..	Mon.	49 (49)	134 (167)	940 (1110)	1074 (1277)	22
	Wed.	53 (52)	184 (241)	1143 (1321)	1327 (1562)	25
Newby Street ..	a.m.	53 (50)	158 (209)	659 (1026)	817 (1235)	15
	p.m.	53 (50)	222 (240)	1165 (1163)	1387 (1403)	26
St. Christopher's ..	a.m.	52 (50)	116 (136)	896 (796)	1012 (932)	19
	p.m.	52 (50)	163 (216)	1000 (1080)	1163 (1296)	22
Braunstone Avenue	..	49 (49)	181 (250)	823 (1129)	1004 (1379)	20
Kelland College ..	..	50 (29)	246 (135)	1358 (778)	1604 (913)	32
Totals ..	..	721 (625)	2268 (2777)	12980 (14359)	15248 (17136)	21

*119 Highcross Street Clinic closed Wednesday, 28th May, 1947, and Friday, 30th May, 1947.

†Bond Street Wednesday Clinic opened 4th June, 1947.

Bond Street Friday Clinic opened 4th July, 1947, and both these clinics are now called "Causeway Lane."

The following are particulars concerning the source of the new patients who attended the *district* clinics :

(Corresponding figures for the previous year are in brackets)

CLINIC	Health Visitors	Mid-wives	Doctors	Ex-patients or friends	Leics. Genera Hosp.	Other Sources	Other Clinics	Came of own accord	Totals
Cort Crescent	10 (33)	42 (33)	6 (3)	12 (14)	1(—)	1 (—)	7 (8)	153(179)	232 (270)
13 Crescent Street ..	10 (12)	75 (167)	34(20)	27 (22)	7 (3)	25 (17)	— (5)	100(129)	278 (375)
Belgrave Hall	21 (37)	105 (141)	13(24)	17 (20)	3 (5)	13 (9)	2(12)	144(160)	318 (408)
Newby Street	21 (30)	156 (189)	28(23)	24 (36)	8(10)	16 (31)	8(10)	119(120)	380 (449)
St. Christopher's ..	16 (15)	206 (271)	7 (9)	6 (5)	1 (4)	9 (12)	1 (1)	33 (35)	279 (352)
Braunstone Avenue ..	5 (4)	122 (192)	12 (4)	5 (2)	— (2)	4 (4)	5(11)	28 (31)	181 (250)
Highcross Street Wed. (Closed 28th May, 1947)	— (8)	— (49)	— (6)	— (42)	—(—)	— (14)	— (1)	— (37)	— (157)
Highcross Street Fri. (Closed 30th May, 1947)	— (4)	— (43)	— (3)	— (42)	— (1)	— (6)	—(—)	— (50)	— (149)
Causeway Lane ..	23 (17)	96 (58)	13 (6)	137 (84)	1 (1)	11 (14)	— (1)	73 (51)	354 (232)
Kelland College ..	16 (2)	154 (114)	2(—)	6 (—)	—(11)	1 (2)	2(—)	65 (6)	246 (135)
Totals . ..	122(162)	956(1257)	115(98)	234(267)	21(37)	80(109)	25(49)	715(798)	2268(2777)

It is evident from the above figures that there has been a gradual decrease in the number of new patients attending clinics since the introduction of the National Health Service Act in July of the year under review (a total decrease of 509). It is not possible to prophesy whether this decrease will continue but the attendances will be closely watched so that appropriate action can be taken.

Patients themselves have been rather bewildered, as many of them have been used to ante-natal supervision and examination, together with certain blood tests, when attending ante-natal clinics throughout the whole of their pregnancy. The minimum requirement of the National Health Service Act for two medical examinations by the doctor booked for the confinement has caused confusion in their minds as to the value of and the need for the amount of care they have previously been given.

Midwives

During the year 1948, 118 midwives notified their intention to practise. Of these, 28 were municipal midwives, three relief municipal midwives, 13 were midwives in independent practice and the remaining 74 were practising in maternity hospitals or maternity homes.

THE MUNICIPAL MIDWIFERY SCHEME

SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	No. of Midwives	Cases Attended	Gas and Air Administered	VISITS		
				Post-Natal	Ante-Natal	Total
1	4	341	257	4,484	1,265	5,749
2	4	401	316	6,875	1,987	8,862
3	4	382	282	6,970	2,868	9,838
4	4	269	114	4,924	1,357	6,281
5	4	313	198	5,204	1,390	6,594
6	3	232	150	3,849	748	4,597
7	2	226	115	3,850	632	4,482
8	1	69	51	1,440	345	1,785
Grand Total		2,233	1,481	37,596	10,592	48,188

After the peak year for births in 1947, the expected fall in the birth-rate took place and the Municipal Service attended 435 less confinements. The number of bookings suggest that the work will be about the same in 1949. Owing to the decrease in the amount of work and the increase in staff the service was able to run much more smoothly than of recent years. On an average, 25 full-time midwives were working during 1948. In 1947, their number was 23½. The number on the staff rose from 24 at the beginning of the year to 26 during the last six months, with the increase in full-time staff there was a corresponding decrease in the number of part-time midwives employed. Many of the part-time midwives on the panel ceased work of their own accord, but it would have been unnecessary to employ them further in most cases. In cases of emergency some would probably be willing to assist the service again.

From 1st May, 1948, it was possible to revert to visiting all patients for 14 days in the puerperium.

National Health Service and Midwifery

Whilst it is too soon to make a definite statement concerning the effect of the Act on the midwife, it was evident in the first months that the operation of the General-Practitioner-Obstetrician Service was causing some anxiety amongst midwives. Hitherto, the midwife has been responsible for the larger number of confinements in this country and has been able to obtain medical aid when required. In addition, she has ensured, in collaboration with the ante-natal clinic, that the ante-natal supervision and examinations were adequate. Under the National Health Service Act she has felt that patients, who receive from the doctor they have booked the minimum statutory requirements of two ante-natal examinations, are not so well served. Further, the midwife herself feels relegated to the duties of the maternity nurse and, in many instances, does not book her patient until late in pregnancy. The midwife has found it difficult to know what is expected of her concerning those patients who have booked a doctor and the only solution has been for the midwife to ascertain in each individual case what are the doctor's wishes concerning ante-natal care and attendance at confinements.

It is hoped that these difficulties will be resolved to the mutual satisfaction of the midwife and the doctor and the benefit of the patient.

Housing

It is largely due to the co-operation of the Municipal Housing Department that there is now no midwife living in unsuitable accommodation. In addition, the conversion of a house at 97 Regent Road into two flats for midwives has solved the housing situation in an otherwise difficult area. At present eight midwives occupy Council houses, two midwives occupy one converted house and 15 midwives live in their own or their family's house.

Garages

Garage accommodation has been difficult during the year but as plans are in hand for the erection of garages, matters should be satisfactory. Twelve midwives have the use of a car for work, and with an adequate car allowance this number should increase, though it is extremely expensive for a midwife to purchase her first car at the present time when such high prices prevail.

Transport

The facilities provided through the City Ambulance Service for night calls have continued and this has proved a great convenience to the midwives and, indirectly, to the patients.

Analgesia

All Municipal Midwives possess the necessary certificate of proficiency in the administration of gas and air analgesia. It is satisfactory to report that the number of cases receiving analgesia in 1948 showed a further increase, namely, 1,481 patients of the 2,233 delivered by municipal midwives, that is, two out of every three patients, which is the equivalent of 66 per cent., as compared with 50 per cent. in 1947 and 30 per cent. in 1946.

While every effort is made to ensure that analgesia is available for every woman confined at home, it must be remembered that there are still women who decline to avail themselves of this facility.

Home Help Service

The Home Help Service, inaugurated at the end of 1946, continues to expand.

Mrs. E. Hamer, the Organiser from the 1st April, 1947, to the middle of August, 1948, left to join the staff of the County of Leicester, and was replaced by Mrs. Phyllis E. Steed, who commenced duties on the 23rd August, 1948.

The Service is now firmly established. The selection of suitable women is undertaken with great care and a unique feature is a preparation course of two weeks for each applicant. This course is made possible by the cordial co-operation of the Adviser in Domestic Subjects and Women's Further Education of the Education Authority.

The course offers further opportunity for confirming or correcting the provisional selection and applicants are also given an opportunity of learning something of the activities of the rest of the Department and, in addition, achieve a definite standard of home-craft which gives the Organiser the necessary confidence to place them into homes as required.

Home Helps are now provided with an attractive green outdoor uniform which is an asset to the Service and to the Home Help.

It is evident that the demand for the Service is rapidly increasing and that the original establishment of 60 Home Helps will have to be considerably increased, together with administrative and office staff during the next year.

The following is a statistical report of the work for 1948 :

Total number of Home Helps enrolled during the year		38
(*a*) Full-time..	36	
(*b*) Part-time	2	
Number of Home Helps who resigned during 1948 ..		22
Number of Home Helps employed at the beginning of 1948		49
Maximum number of Home Helps employed during 1948		66
Number of Home Helps employed at the end of 1948 ..		59
Total number of cases covered during the year ..		799
(*a*) Confinements	437	
(*b*) Ordinary illness	204	
(*c*) Chronic cases	73	
(*d*) Old age infirmity	80	
(*e*) Blind persons	5	
Total	799	

Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

In accordance with the above Circular, detailed information is now obtained concerning any infant whose birth weight was $5\frac{1}{2}$ lbs. or less.

Particulars are included in the Maternity and Child Welfare Return and show that there were 453 such infants born in 1948, of whom 366 were known to have survived their birth up to four weeks. Further details are included under "Infant Deaths" at the end of this report.

TABLE 9

PUERPERAL PYREXIA

Notifications and Result of Treatment

1948

CONFINED AT				TREATED AT					RESULT OF TREATMENT									
									Recovered at					Died at				
Home.	Maternity Home or Hospital.	Leicester General Hosp.	Royal Infirmary.	Home.	Maternity Home or Hospital.	Leics. Isolation Hospital.	Leicester General Hosp.	Royal Infirmary.	Home.	Maternity Home or Hospital.	Leics. Isolation Hospital.	Leicester General Hosp.	Royal Infirmary.	Home.	Maternity Home or Hospital.	Leics. Isolation Hospital.	Leicester General Hosp.	Royal Infirmary.
23	14	13	—	4	7	27	12	—	4	7	27	12	—	—	—	—	—	—

This figure, which represents 8 per cent. of the total births, is a comparatively high one, but the system of ascertaining the birth weight of every infant notified, ensures that every infant of 5½ lbs. or less is recorded as a premature birth.

The premature infants' unit, established at the General Hospital during the year, should prove a valuable asset to those infants for whom institutional treatment is considered desirable.

The provision by the Health Department of a special Ambulance Cot, electrically heated, should ensure that infants are conveyed to hospital in ideal conditions.

Puerperal Pyrexia

During the year there were 50 cases of Puerperal Pyrexia, and Table 9 shows the place of confinement and of treatment, with the results of treatment.

The figures include six cases of abortion.

The policy of removing all patients in whom potential sepsis cannot be excluded to the Puerperal Fever Unit of the City Isolation Hospital continues, and the results obtained justify the procedure.

Ophthalmia Neonatorum

The following details show the incidence and results of treatment of this disease of the new-born during 1948 :

OPHTHALMIA NEONATORUM, 1948

Cases notified during year		11
Visited by Health Visitors		11
Removed to hospital		Nil
Treated in hospital		3
Result of Treatment :		
Vision unimpaired	11	
,, impaired	—	
,, lost	—	
Still under treatment at end of year	—	
Patients died	—	
Removed from district	—	
Total	11	

Registered Nursing Homes

Concerning the ascertainment of Homes which may not be registered, this matter is kept constantly in mind and all domiciliary births which take place at addresses other than home addresses are carefully scrutinised and then followed up by the Health Visitor.

Birth Control Clinic

The following figures refer to the year 1948 :

	City	*County*	*Total*
Number of patients who sought advice ..	171	94	265
,, ,, ,, were accepted for advice ..	169	94	263
,, ,, ,, were refused advice	2	—	2

Concerning the 263 women accepted for advice, the following are the medical reasons for which the advice was given :

	City	*County*	*Total*
Husband :			
Active Tuberculosis	1	1	2
Other diseases	5	3	8
Children :			
Congenital defect	1	—	1
Patient :			
Nervous debility	16	5	21
General debility..	61	35	96
Pulmonary Tuberculosis	13	6	19
Heart Disease	3	4	7
Kidney trouble	2	2	4
Toxaemia of pregnancy	7	8	15
Obstetric complications	21	11	32
Gynaecological conditions ..	3	3	6
Various other conditions	36	16	52

Cases in which advice was refused

Advice was refused to two women (both City). One of the patients was found to be pregnant and the other patient was advised concerning future pregnancy.

TABLE 10

LIST OF REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES)

Address	No. of Beds
9 Mere Road	1
Stoneygate Nursing Home, Stoneygate Road	10
39 Scraptoft Lane	8
"Broadview," Goodwood Road	5
"Clifton Nursing Home," 58 Fosse Road Central	6
Central Nursing Home, 6 University Road	15
The Laurels, 185 Uppingham Road	8
Sundial Nursing Home, Aylestone Road	20
85 Narborough Road	10
St. Francis Private Hospital, 362 London Road	31
Springfield Nursing Home, 271 London Road	8
The Woodlands Nursing Home, Holmwood Drive, Groby Road	6
Springfield Road Rest Home, 35 Springfield Road	8
The Lawn Nursing Home, London Road	22
"Meadowbank" Nursing Home, 13 Park Hill Drive	4

Schools for Mothers and Infant Welfare Centres

In spite of changes in medical staffing, attendances by doctors at the Centres has been maintained by the use of part-time medical practitioners. Part-time staff will always be necessary on a sessional basis to maintain the Service during emergency leave and annual leave. By this means, out of 1,326 sessions held, there were only 42 at which a doctor was not present.

No additional Centres were opened during the year.

The needs of the mothers in the rapidly expanding New Parks Housing Estate cannot adequately be met until there are premises for use on the estate.

(Corresponding figures for the previous year in brackets)

Number of Infant Welfare Centres		24		(24)
,, Medical Weekly Sessions		26		(26)
,, Sessions held ..		1,326		(1,234)
Total attendances of Mothers		68,504		(62,342)
Total attendances of Children:				
Under one year old ..	53,255	73,397	(51,292)	(65,622)
Over one year old	20,142		(14,330)	
First visits of Children :				
Under one year old ..	4,363	5,132	(4,803)	(5,542)
Over one year old	769		(739)	
Number of Children attending who at the end of the year were:				
Under one year old ..	4,255	10,786	(4,284)	(9,805)
Over one year old	6,531		(5,521)	
Number of sessions at which a doctor was present ..		1,284		(1,196)
Number of children seen by a doctor		28,425		(26,210)

The additional 92 sessions held were in connection with the additional Centres opened during the previous year at Uppingham Road and at Kelland College, and were due to the fact that the two additional sessions, opened late in the previous year, functioned for the entire year and also to the fact that the yearly figures cover a period of 53 weeks. The total figures in all sections will, therefore, show an increase and the average number of children seen by a doctor at each session is still 22.

Diphtheria Immunisation

Facilities for Diphtheria Immunisation are available at all Infant Welfare Centres and Day Nurseries throughout the week. In addition, a central clinic at 13 Crescent Street is open each Saturday morning.

The first immunising dose is recommended at six months and the second dose after an interval of six months, but birthday cards are still used for propaganda purposes.

Vaccination

Under the National Health Service Act, facilities for vaccination were provided at the central clinic each Saturday morning but the requests for vaccination have been negligible, a total of four children being vaccinated during the period 20th November to 31st December, 1948.

Infants' Milk Depot

The work of this Depot at 13 Crescent Street continues unchanged. Vitamin products are distributed from this centre.

Promotion of Cleanliness and Good Habits and the Elimination of Verminous Children. (Circular 2,831 of the Ministry of Health, dated July, 1943)

Ascertainment

Since the receipt of this Circular, Health Visitors now include the examination of children's heads as part of their routine work, both in the homes and at clinics.

The classification used is that any child who on three or more occasions is found to have vermin or many nits in the hair is considered to be verminous.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was eight and, in general, they belonged to families where the mother was not unduly concerned about the presence of head lice.

Method of Cleansing

A method similar to that undertaken by the School Health Service is adopted, namely, mechanical removal of lice and nits by means of a steel comb. A stock of steel combs is, therefore, kept in the Department and combs are available on demand.

No cleansing station, as such, is provided in the area, the onus of cleansing being placed on the parent, but in selected cases where domestic difficulties have been present, assistance is given by the Department.

Treatment at School Clinics

No change except as shown hereunder.

Artificial Sunlight

The number of children referred to the clinic was 169, as against 145 for the previous year.

The number of children who completed treatment was as follows :

	Good Results		*Fair or Unchanged*		*Total*
Infants :	*Boys*	*Girls*	*Boys*	*Girls*	
Rickets	7	8	2	—	17
Poor general condition ..	5	9	—	—	14
Anorexia	7	9	3	2	21
Anaemia	1	1	—	—	2
Respiratory Catarrh ..	3	6	1	—	10
Asthma	2	1	—	—	3
Various	6	3	—	2	11
Totals	31	37	6	4	78

Orthopaedic Clinic. No change.

Other School Clinics

There were 170 children under five years of age admitted to the Ear, Nose and Throat Clinic, 214 to the Eyes Clinic, and 355 to the Skin and Minor Ailments Clinic.

DAY NURSERIES

Miss J. K. Poole, Supervisory Matron of Nurseries, left the Department in February and Miss G. M. Sanders was appointed to replace her and commenced duties on the 1st April, 1948.

With the revision of the syllabus for training of the nursery nurses, and later the registration and supervision of privately-owned Day Nurseries, the need for a Deputy Supervisory Matron became urgent. Mrs. E. Loveridge, formerly Matron of one of our Day Nurseries, was appointed and commenced duties on the 1st November, 1948.

(1) During the year under review, the scheme to erect a hutted Nursery to replace the Day Nursery on Humberstone Road was considerably delayed and work has not been started.

(2) Adaptations and alterations were commenced on the two huts on Braunstone Park, which will accommodate 90 children when ready.

(3) Hostel accommodation is still a matter of serious concern as several projects did not materialise and without additional accommodation it will be impossible to increase the staff.

The staff situation, accentuated by the revised training scheme for nursery nurses, which requires students to spend two-fifths of their time outside the nurseries, becomes acute from time to time.

The urgent need is for nursery-trained staff nurses and for wardens who will be responsible for the educational work in the nurseries. Despite occasional special courses to train wardens, the supply has not been maintained. Alternatively, nursery-trained nurses with a leaning towards the educational rather than the health side of their work have attended wardens' training courses and act as wardens in the nurseries.

The Training of Nursery Nurses is an important feature of the Day Nursery service. The training extends over a period of up to two years and the examination of the National Nursery Examination Board can be taken after training when the candidate reaches the age of 17½ years.

In addition to further education in general subjects, the syllabus covers the health and educational stages of a child's life up to the age of five years. Such training in child care is of inestimable value to the young girls who undertake it and for many of them bridges the gap between leaving school and taking up a definite career, though some of them prefer to remain in nursery work after training. Others pass on to general nursing training or to nursery work in private families.

It is anticipated that between 40 and 50 students will be available each year for this course of training, so that the actual number of students will be 80 to 100.

The attendances at each nursery are detailed below :

Attendances:	*Whole-Day*	*Half-Day*	*Daily Average*
St. Martin's	13,292	490	52.9
Glen Street	12,210	164	48.6
Humberstone Road	7,857	138	31.3
Fosse Road	6,517	128	25.9
Fairway	8,744	104	34.8
New Walk	7,036	210	28.0
College Street	8,185	315	32.6
Bradgate Street	9,548	272	38.0
Belgrave House	12,312	206	53.0
Bedford Street	10,903	183	43.4
Sparkenhoe Street	11,126	408	44.3

The half-day attendances will not appear in subsequent reports as Saturday morning closure will shortly become a general feature of all nurseries.

The waiting lists at all nurseries are so heavy that there is no real hope of reducing them.

Nurseries and Child Minders Regulation Act, 1948

Under this Act, which came into force on the 1st October, five applications were received for registration of industrial nurseries. Three of the applications were approved, the fourth was approved after certain recommendations had been carried out, and the fifth application was refused. This latter industrial nursery was eventually closed.

Concerning Daily Minders, as under the Act a woman can receive two children without registration, the provisions of the Act do not include the very large number of women known to be minding one or two children per day.

Actually, the number of daily minders applying for registration was five.

Residential Nurseries

Premises at 140 Regent Road, intended originally as a short-term nursery for children whose parent, or parents, are temporarily unable to care for them, is fulfilling a long-felt need in the Department. The adaptation of additional premises at 136 Westcotes Drive were almost completed during the year under review. The administration of these Residential Nurseries is expected to pass to the newly-formed Children's Department.

Pre-Nursing Scheme

The response to this scheme is still small and it is doubtful whether it will continue indefinitely. The needs of such applicants are usually met by offering them training in a Day Nursery.

Child Life Protection

It is anticipated that this work will now pass to the Children's Department and the one Health Visitor who spent more than half her time on this work will revert to Health Visitor's duties again.

The following is a summary of the work :

Visits	543
Applications for registration	30
Applications refused	Nil
Legal proceedings	Nil
Number on register at 31st December, 1948	45 (49 children)

Circular 2866 of the Ministry of Health, dated October, 1943 The Care of Illegitimate Children

In accordance with the provisions of the above Circular, a scheme has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1948 is as follows :

Number of illegitimate births notified to the Moral Welfare Association	328
Number of girls sent to Homes or Hostels prior to the birth of their children	14
Number of children born elsewhere and brought as infants to the City	7
Number of expected births notified, but mothers married before child was born	11
	360

1. **At present living in their own homes with their children**	37
2. **Living in lodgings with their children**	8
Mothers in these two categories have been helped in various ways, including :	
Legal help and advice re affiliation	12
Advised re adoption	11
Advised re confinement	3
Children attending Day Nurseries	5
Employment found	2
Clothing provided	5
Prams loaned	5
Helped with accommodation	2
3. **Sent to Maternity Homes and Hostels**	19

(14 before confinement and five afterwards)

Payments for maintenance in the above were arranged as follows :

Met by applicants or their parents	6
Met by City Health Department and parents	9
Met by City Health Department entirely	3
Met by putative father	1

Of the above girls, the following details are recorded :

Children subsequently adopted	4
Child died	1
In parents' home with their children	4
In lodgings with their children	4
Mother married father of child	2
Mother supporting baby in foster home	2
Still living with child in Home	2

4.	**Foster Homes.** Children in Foster Homes (Temporary Foster Homes were found for eight other children during the year. Financial help was given towards one child's maintenance)	5
5.	**Institutions.** Admitted to a Children's Home	1
6.	**Adoption.** Arranged through Leicester and Leicestershire Adoption Society (with four other children recorded in No. 3)	9
	Privately arranged	15
7.	**Transferred** to other Workers or left district	9
8.	**Married.** Mother married before birth of child (Eight others married after child born)	11
9.	**Advice given but not accepted** by applicant	3
10.	**Health Visitor reported** "No help required at present"	236
11.	**Cases in hand**	7
		360

In 111 cases the parents are cohabiting. 11 children died. Ten received temporary accommodation in the Residential Nursery.

The Moral Welfare Association also dealt with 73 children born before 1948 and 47 others, most of whom were expectant mothers. Grants from Voluntary Societies have been administered on behalf of 25 children.

Adoption of Children (Regulation) Act, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1948 are as follow :

Applications from persons wishing to adopt a child ..	59
Number of children offered to the Society with a view to adoption	58
Number of children awaiting adoption orders at the end of 1947	24
Number of children placed with a view to adoption ..	39
Number of children placed and awaiting orders at the end of the year	16
Number of orders made in respect of children placed ..	43
Number of children taken back by the mother during the probationary period (one child died during this time)..	3

Private Adoptions

The Act permits of adoptions being undertaken privately, information to be supplied to the Department seven days prior to reception.

There were 43 such notifications during 1948, as compared with 47 in 1947.

Although such children remain under the supervision of the Child Life Protection Visitor until the adoption is legalised or until the child attains the age of nine years, the Regulation is not satisfactory as it is a very difficult matter to enforce the removal of a child who has been taken privately for adoption.

STATISTICS

Birth-Rate

There were 2,713 male births and 2,640 female births, a total of 5,353, giving a birth-rate of 19.1 per 1,000 population.

Of the total births (5,353) 327 were illegitimate (166 males and 161 females) giving an *illegitimate birth-rate* of 1.17.

Stillbirths

There were 136 stillbirths, 75 males and 61 females.

Infant Mortality Rate

Number of deaths in infants under one year	205
Corrected number of births	5353
Infant death-rate	38.3

The rates for England and Wales and the Great Towns were 34 and 39 respectively.

The total deaths of infants under one year of age were 205, 124 males and 81 females.

This gives an infant death-rate of 38.3 per 1,000 live births, which compares favourably with the rate for the Great Towns.

From an analysis of the deaths, the following observations are made :

(1) Concerning congenital malformations and virus infections, two lines of enquiry are pursued (*a*) in all infants known to have been born with a malformation, the Health Visitor makes special enquiry as to any virus infection during pregnancy, and (*b*) in all cases of virus infection notified in women between 15 and 45 years of age, the Health Visitor makes tactful enquiries as to pregnancy and, if it is found, she then continues her enquiries after confinement as to any congenital malformations. No conclusions have yet been drawn.

(2) Prematurity alone accounted for 53 deaths, that is 26 per cent. of the deaths and with one exception they were all within two weeks of birth.

During 1948 there were 453 premature births notified and of these, 366 were alive at the end of four weeks.

The following information is of interest :

Number of infants born in hospital	274
Of these :	
Number who survived up to four weeks	211
Number who died within 24 hours	33
Number who died between 1 and 28 days	30
Number of infants born at home	179
Number of infants born at home who were nursed entirely at home	158
Number of infants born at home who were transferred to hospital	21
Number of infants born at home who survived up to four weeks	155
Number of infants born at home who died within 24 hours	16
Number of infants born at home who died between 1 and 28 days	8

Concerning the 53 deaths from prematurity, it is known that 34 of these infants were born in hospital and 19 were born at home. Of the 19 born at home, 17 remained at home and only two were transferred to hospital. It would be erroneous to draw definite conclusions concerning the chances of survival at home or in hospital from this one set of figures. More information will be available in subsequent years after the recently-established premature infant unit at the General Hospital has been working for a longer period.

(3) The reduction in the number of deaths from diarrhœa is satisfactory.

(4) Suffocation accounted for 12 deaths (there were nine in the previous year). This figure includes one case of infanticide, one of inattention at birth and one associated with an enlarged thymus gland. There were four deaths due to asphyxia due to inhalation of undigested milk food, four deaths due to asphyxia by turning the face into the cot mattress, and in one only was death due to accidental asphyxiation while the infant was in bed with his parents.

The prevention of deaths by accidental asphyxiation is constantly kept in mind and the Department is in close contact with the Accident Prevention Committee.

MATERNAL MORTALITY

Number of deaths during the year		6
From Puerperal Sepsis	Nil	
From other accidents and diseases of pregnancy and parturition	6	
Total	6	

	1948	*1947*
Rate per 1,000 live and stillbirths	1.09	0.65
Puerperal Sepsis Rate	Nil	Nil

Figures for England and Wales :—

Maternal Mortality Rate	1.02
Puerperal Sepsis Rate	0.24

Concerning these deaths, the causes were : accidental haemorrhage three, and toxaemia of pregnancy three.

E. B. BERENICE HUMPHREYS

July, 1949

TABLE 11. City of Leicester

INFANT MORTALITY DURING THE YEAR 1948

Net Deaths from stated Causes at various Ages under 1 year of Age.
(LOCAL FIGURES)

CAUSE OF DEATH	Under 1 Wk.	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	3 to 6 Mths.	6 to 9 Mths.	9 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified ..	106	14	9	—	129	30	20	15	11	205
Congenital Malformations..	16	4	3	—	23	3	3	1	—	30
Birth Injuries	14	1	1	—	16	—	—	—	—	16
Atelectasis	18	1	—	—	19	—	—	—	—	19
Atrophy, Debility and Marasmus	3	—	1	—	4	—	—	—	—	4
Premature Births	47	5	—	—	52	1	—	—	—	53
Diarrhoea, etc.	—	—	1	—	1	8	6	5	—	20
Convulsions	1	—	—	—	1	1	1	—	1	4
Asphyxia Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Icterus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Haemolytic Disease of the Newborn ..	4	—	—	—	4	—	—	—	—	4
Pemphigus Neonatorum ..	—	1	—	—	1	—	—	—	—	1
Tetanus ,, ..	—	—	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—	—	—
Haemorrhagic Disease of the Newborn	—	—	—	—	—	—	—	—	—	—
Pink Disease	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ..	—	—	—	—	—	—	—	—	1	1
Abdominal Tuberculosis ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis. (*Not Tuberculous*)	—	—	1	—	1	—	1	—	—	2
Encephalitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	—	1	—	3	4
Pneumonia (all forms) ..	1	2	1	—	4	11	4	3	3	25
Syphilis	—	—	—	—	—	—	—	—	—	—
Intussusception	—	—	—	—	—	—	—	—	—	—
Heart Disease	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	1	—	—	1
Measles	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	—	—	—	—	—	—	—	3	—	3
Erysipelas	—	—	—	—	—	—	—	—	—	—
Diphtheria .. .	—	—	—	—	—	—	—	—	—	—
Suffocation	2	—	1	—	3	5	2	2	—	12
Other Causes	—	—	—	—	—	1	1	1	3	6

Net Births in the Year	legitimate, 5,026 illegitimate, 327	Net Deaths in the Year of	legitimate infants, 196 illegitimate infants, 9

Maternity and Child Welfare Dental Report, 1948

The National Health Service Act, 1948, has, at the time of writing, succeeded in mobilising the major portion of the dental profession to serve the dental needs of the entire community. All, without reservation, can now make a direct contract with the dentist of their choice and have the agreed treatment done. There is no financial responsibility laid on the patient, other than the weekly contributions of those gainfully employed under the National Insurance Act.

It was clear, however, that demand, even based on figures relating to the old National Health Insurance system, would far outstrip the resources of the profession. Provision was therefore made, under Part III of the Act, dividing off a certain group who had, by common consent, a prior claim on those resources. These priority groups were the pre-school child, the expectant and nursing mothers. The responsibility for inspection and the provision of facilities for treatment was laid on the Local Authority and by Circular 118/47 it was recommended that such a system could be most usefully based on common user with the School Dental Service. Estimates were asked for and given which would, in time, give comprehensive service and ample guarantee to those classes of patients. These estimates have been approved. The whole conception was not only sound but imperative.

It is early days yet but the situation as it exists at present is not encouraging. The demand for treatment on the part of the general public has been astonishing and the General Dental Service is more than fully occupied. For reasons which need not be gone into here, it has been found impossible to gain new recruits to undertake this important priority health service under public service conditions. It has, therefore, regrettably, to be reported that while there has been no contraction from the extent of the service which has been allocated to this work since 1945, there certainly has been no expansion. The demand is still there. These patients can, and no doubt do, make every effort to obtain treatment from their own dentists, but with no special prior privileges, they take their place in the queue, a very long one.

This situation is causing grave concern to the Authorities. True preventive dentistry can only begin at the level of those priority classes and responsibility must fall as surely on the ethical conscience of the profession as a whole as on any Ministerial or other Authoritarian action. Many practitioners, locally and nationally, are taking this view and it is to be hoped that the urgency of the problem, not to mention its economic soundness, will far outweigh any other considerations involved.

The work is exacting and calls for very special qualities of skill and approach. Here I should like to pay sincere tribute to Mr. Allen, who for many years now at the London Road Clinic has carried the burden of this responsibility. His experience and skill have been backed by a geniality and sympathy which have earned him a great deal of appreciation from his patients. In the prophylactic sphere, the work is fundamental, and one can only hope for an early end to what can only be called a period of negation. Certainly obstacles exist, but greater obstacles have been overcome in less worthy causes.

About the actual work itself. The Ministry calls for greater emphasis to be laid on conservative work. We would most heartily agree. Such emphasis must be based on inspection and on a complete staff. Under these conditions many well-cared-for dentitions could be kept in good repair. The oft-repeated statement that "for every child, a tooth is lost" has no scientific foundation. As things are, however, and remembering that 95 per cent. of the adult population suffer from some degree of dental disease, and that many have never had dental treatment for years, if at all, most of the cases dealt with present conditions of extreme dental sepsis. These call for no other treatment than complete clearance and substitution by dentures. That, in the main, is the nature of the work at present engaged on, particulars of which can be seen by referring to the statistical table provided in the Report.

Most of the extraction work is done with local anaesthesia. Many patients request a general anaesthetic and arrangements are made with Dr. Justin Davies to administer usually nitrous oxide and oxygen. Trilene has been used as an adjuvant with varying success. As dental officers engaged in this work we are deeply indebted to Dr. Davies. His unique experience in dental anaesthesia, his encouragement and imperturbability give great confidence to the operator. All of us who have had the privilege of working with him for many years now would wish this acknowledgment put on record. It is his considered opinion, with which we are bound to agree, that in order to relieve these patients of the anxiety of repeated visits, too much is done at one sitting. A strong case could be made out for their hospitalisation, which would greatly lessen the consequent shock. As Dr. Davies very rightly points out, the total area of exposed wounded tissue in these clearances cases is so considerable that if it occurred in any other part of the body in other circumstances, this condition would lead to immediate admission to hospital.

This is the first time a dental report has been asked for in this connection and the Ministry requests that such reports should contain evidence of what influence, if any, the Act has had since July 5th. At the end of the year, the waiting list is as great as ever and a long waiting list in this work defeats the prophylactic objective. There would not appear to be any secession from the wishes of these patients to be treated by the Local Authority Service. This would seem to confirm one's view that the element of priority which is offered to them, but which unfortunately cannot be fully implemented, is in fact an attraction. It is also true to say that small and inadequate as the service in Leicester is, it has given great satisfaction to those mothers who have availed themselves of it and has gained great goodwill. The quality of the prosthetic service has all along been high and we have been well served by the dental technicians who have worked for us now for many years. This branch of the work has grown to the extent which would now justify the setting up of our own dental laboratory.

In conclusion, viewing the present congested state of the General Dental Service which will probably last for years, one is bound to take the view that if a full-scale comprehensive service run and supervised by the Local Health Authority on behalf of the Priority Classes could by some fortunate means be obtained soon, the demands on it would be immediate and sustained.

A. J. SUTHERLAND, L.D.S.

Details of Treatment, etc.	Pre-School Children	Adults	Total
Sessions devoted to Treatment (Half-days)	226		226 (185)
Patients treated ..	86	280	366 (377)
Daily Attendances ..	112	1,361	1473 (1218)
Extractions—Permanent Teeth	—	1,520	1520 (1610)
Temporary Teeth	155	2	157 (138)
Anaesthetics given—Local	85	383	468 (476)
General	3	37	40 (43)
Fillings—Permanent Teeth	—	112	112 (423)
Temporary Teeth	16	—	16 (4)
Root Fillings ..	—	1	1 (-)
Scaling	—	50	50 (41)
Dressings	3	150	153
X-Rays	—	1	1 (3)
Prosthetic Dressings ..	—	712	712 (442)
Dentures	—	223	223 (144)
Patients to whom dentures have been supplied ..	—	137	137
Denture repairs ..	—	7	7 (10)
Consultations	8	82	90 (95)

Note : Three sessions weekly were held at the London Road Clinic, one a Cort Crescent Clinic and one at Sir Jonathan North Clinic. General anaesthetic sessions were all held at London Road.

(1947 figures in brackets)

APPENDIX III

Report of the City Analyst

For the Year 1948

By

F. C. BULLOCK, B.Sc., F.R.I.C., P.A., Inst.W.E.
(Public Analyst and Official Agricultural Analyst)

To the Chairman and Members of the Health Committee :

I beg to submit the Annual Report of the work carried out in the City Laboratory, Health Department, for the year 1948.

A total of 5,843 examinations was carried out, as set out in Table A. This, and a number of other tables, are grouped together at the end of the Report.

In submitting this Report for your approval I propose to follow the usual pattern of discoursing firstly on a few matters of general interest which have arisen during the year, and consigning tables and statistical matter to the end of the report where those interested may read them if they reach that far. As this is my nineteenth report you may agree that it is appropriate not to labour the subject unduly on this occasion but to reserve a fuller treatment for the twentieth report next year.

Staff

Observations made in my last two or three annual reports on the difficulty of retaining suitable staff would have been equally appropriate this year. One wonders when conditions will become more stable and return to normal ; and indeed, it is not obvious what state of affairs could be described as normal at the present time. The only member of the staff who was with me throughout the twelve months in 1948 was Mr. W. A. Cregeen. Industry and the teaching profession appeared more attractive to other members. The two years' period of service in the Forces has proved a serious factor in the case of boys who have joined the department on leaving school. This interruption of their career often proves unsettling to them, and it raises problems in the Laboratory. Their positions are kept vacant while they are away in the

Forces, and usually on returning to civil life they find that their outlook in life has changed and they do not wish to return immediately to the positions which have been reserved for them. One solution of this problem on a short-term basis has been to employ more females. A corollary of this has been three weddings during the last six years !

During the year under review the following appointments were made :

Miss P. Webb and Miss M. Humphreys as Junior Laboratory Assistants.

Miss J. M. Taylor, as Clerk in place of Miss E. Holmes, resigned.

Miss H. M. Ives and Mr. R. I. H. Duncan, as Assistants in place of Messrs. Kirk and Wilshere, resigned.

The present accommodation does not permit of further completing the full establishment.

Legal

No outstanding alterations in the food laws occurred in 1948. Our old friends S. R. & O.s became S. I.s (Statutory Instruments), but the language in which they are couched maintains its characteristic style. A change in administration occurred early in the year under the Transfer of Functions (Food and Drugs) Order S. I. No. 107. Under this Order many functions hitherto exercised by the Ministry of Health under the Food and Drugs Act, were transferred to the Ministry of Food as from the 1st of March. Matters to do with hygiene and food cleanliness are still dealt with by the Ministry of Health, but other matters regulating composition of foods, labelling, and so on, are the responsibility of the Ministry of Food. Otherwise, a few minor orders or instruments only concern the manufacture and labelling of such relatively unimportant articles as ravioli, salami sausages, semi-solid soft drinks, and toffee apples !

Perhaps the most notable event in the year which may be recorded in this section was the introduction of a new edition of the *British Pharmacopoeia.* This is now an impressive volume and includes monographs on many drugs only recently developed for the treatment of disease. The official methods of assay given are particularly useful to the Analyst.

General

Many of the staple articles of food are so consistently satisfactory that any great amount of time spent in their sampling and analysis is hardly justified. However, to cover the possibility of accidents and mistakes, ordinary grocery samples are examined at random from time to time, and any expense incurred thereby is probably justified by the psychological effect upon manufacturers and vendors who know that vigilance is being exercised and that inferior products will sooner or later be stopped. Occasionally a sample so taken does reveal a point of quality or labelling that requires attention.

"Cherrum"

On the other hand, occasional preparations appear on the market, which by their very appearance and general "get-up" simply cry for investigation; such an instance was an article labelled "Cherrum," which first appeared on sale in this district just before Christmas, 1946. It was labelled "an excellent Cocktail," and was sold at small grocers' shops where it was apparently a line designed to catch the Christmas trade in working-class districts. A small label on the back of the bottle referred to the presence in the preparation of 15 per cent. rum and a few insignificant traces of medicinal ingredients. This gave the preparation a pseudo medicinal character and it was, in fact, labelled correctly in accordance with the Pharmacy and Medicines Act, 1941. No doubt this was a device to enable rum to be sold by shops not having an appropriate licence to sell spirits, as undoubtedly the claim, "an excellent Cocktail," on the main label was the principal selling feature. We regarded this claim as inconsistent with the declaration made on the same label "Alcohol content not less than 10 per cent. of proof spirit," and, in fact, the Labelling of Food Order, 1946, of which the relevant section came into force on the 1st of April, 1947, i.e., a few months after the examination of the sample, required at least 40 per cent. proof spirit for an article sold as a Cocktail without further qualification.

It appeared generally that more thought had been put into the labelling of this product, and in finding loopholes between the Pharmacy and Medicines Act, on the one hand, and Labelling of Food Order on the other, than into thinking out suitable ingredients for producing a Christmas beverage that would give anything like satisfaction to purchasers and consumers. For drinking purposes the stuff was essentially a dilution of rum with chloroform water, and contained, in addition, traces of tartaric acid, iron citrate, infusion of quassia, and synthetic cherry flavouring. Needless to say, it tasted horrible.

After correspondence with the department of Customs and Excise, the Pharmaceutical Society of Great Britain, and the Ministry of Food, it appeared that this preparation just skated clear of Regulations then in force ; and as the manufacturer had undertaken to label the preparation in a more straightforward manner, and as it was, in any case, to be banished from the market by the Labelling of Food Order, 1946, a little later on, we took no further action. We considered it very unsatisfactory, however, that a manufacturer should have appeared deliberately to confuse the issue between various regulations in order to sell an article of no great intrinsic value ; and the claim that the thing was a Cocktail appeared quite misleading for an article which was essentially a medicine. Unfortunately, false labelling only applies to foods under the Defence (Sale of Food) Regulations, 1943, and not to drugs.

Early in 1948 this preparation again appeared on the market, and probably had been there over the Christmas season, but had not found any great sale. Samples Nos. 2,331 and 2,362 were therefore condemned as direct contraventions of the Labelling of Food Order, 1946, Section 4(*d*), since they were labelled "Cocktail," but did not contain more than 10 per cent. of proof spirit. The matter was referred to the Ministry of Food, and it was ascertained that the manufacture of this preparation had ceased for some time, and we were asked to take no further action in the matter. The public should beware of synthetic preparations bearing synthetic names ; they are seldom a good "buy," and even when wholesome and pleasant to take, are usually dear in relation to their intrinsic value.

Metallic Contamination of Foodstuffs

The developing science of nutrition keeps adding further metals to the list of those considered necessary in trace or greater amount for perfect metabolism. Copper, for instance, which would have been regarded as objectionable contamination in foods some years ago under all circumstances, i.e., whether deliberately added as copper sulphate to bottled peas to enhance their colour, or whether permitted to get into jam from copper heating pans, or into other vegetable products via insecticides, is now known to be essential in small amounts for healthy blood formation. A similar case can be made out for zinc ; and more recently, cobalt as a constituent of vitamin B12 has been found to be necessary in minute amount for perfect health.

All this does not alter the fact that many heavy metals are, so far as we know, quite foreign to the human system, and their presence in foodstuffs should be kept down to the lowest limit practicable using modern methods of food manufacture. Some of these metals indeed, for instance, lead and arsenic, are definitely injurious in quite small amounts.

It is part of the Public Analyst's business to test samples of foodstuffs for traces of unwanted metals, and ideas are slowly evolving as to what top limits to permit for different elements concerned. All metals are not, of course, equally toxic. For instance, the universal consumption, voluntary or otherwise, of foods preserved in sealed tin-lined cans, must lead to a considerable daily intake of tin compounds by the average person, but the traditional limit of two grains per lb. or 300 p.p.m. of tin, has been found in practice to give adequate protection from ingestion of sufficient tin to cause any discernible symptoms. On the other hand, lead being only slowly excreted once absorbed, and causing distressing symptoms in moderate amount has acquired no recognised tolerance.

With the release of wartime stocks of canned foods on to the market for general distribution, excess tin contamination is perhaps more prevalent today, and a number of samples containing excess tin were encountered in this area last year. Six specimens of tinned pineapples with amounts up to 3.4 grains per lb. were condemned, a tin of tomatoes, though apparently sound and unblown, contained 2.76 grains per lb. and a sample of string beans contained 3.9 grains per lb.

The tin or indeed any metallic contamination is usually dispersed evenly thoughout the sample and is either in solution in the liquid portion or more often mordanted on to the solid portion. Occasionally it is otherwise, as when a sample of meat pie (S.41) was analysed in which was found a piece of lead solder one inch long, and weighing several grammes.

Many ice cream samples were examined during the year for zinc contamination as it had been found in the past that the practice of "ripening" ice cream in zinc buckets overnight sometimes caused serious contamination with that metal. Many samples examined during the year contained a trace of zinc, but no amounts sufficient to condemn. Presumably, the rate of turnover of ice cream has become so rapid in recent years that the material is not allowed to stay long enough in the buckets to take up more than negligible traces of zinc.

Mite Infestation, etc.

Most foods are not the exclusive prerogative of human beings, but according to their nature they are preyed upon by other forms of life, visible and invisible. The invisible forms of life, or the bacteria, are looked for by special methods where appropriate, and are not the immediate conscious concern of the consuming public. In spite of their invisibility, however, they may constitute the most serious form of contamination as, for instance, when raw milk contains germs of T.B., or ice cream or other foods contain the germs of typhoid. Many of the larger food parasites like vinegar eels, meal mites, and larvae of various flies have acquired no reputation for being particularly dangerous, but they are obviously unwanted even if not downright objectionable. Eating is not entirely a matter of calories, protein, vitamins, etc., but includes an important aesthetic factor by which even a food wholesome enough in itself in the right context may become objectionable when wrongly associated with other foods, and by which the most unobjectionable parasites if visibly present are adequate cause for condemnation. For instance, two or three small grubs would not condemn a basket of freshly-gathered raspberries, but we considered that a sample of boxed dates (S.47) in which every date carried one or more grubs and the box itself was defiled with a considerable amount of excrement was not fit food even for the least fastidious.

Similarly, a sample of barley flakes (S.48) whose surface was in visible motion due to its high mite population, was condemned.

Vinegar eels in small numbers are not particularly potent for evil, and they are no more objectionable in themselves probably than the occasional Anguillula found in water supplies which have been approved for human consumption. Their presence, in fact, is diagnostic that the sample is genuine malt vinegar. The supply we condemned, however (S.61), contained 600 eels per ml. (about 2,000 per teaspoonful) and appeared as a wriggling mass in perpetual motion when examined in a good light under a lens.

We recommended that the rest of the stock be discarded and the cask disinfected before using again.

Glass Particles in Food

To many of the public any colourless crystallized material is "glass." In recent years we have had samples brought in by worried purchasers who have mistaken sucrose crystals in condensed milk, struvite crystals in tinned shrimps, and cream of tartar crystals in tinned grapes, all for broken glass. Several instances of the latter were brought in during 1948, and grim pictures were painted by the complainants of all the guests at a tea party picking these pieces of "broken glass" out of their mouths. The solubility of the crystals in water, of course, readily indicates the non-glassy character of the material. Another sample brought in privately with alleged glass present was a packet of date paste. In this case the hard mineral matter consisted of sand grains, but the grains were all rounded and not particularly dangerous, nor even very worrying to anyone who has ever picnicked on a windy beach. I note that Mr. Leather has recently reported calcium tartrate crystals in processed cheese as another variant of this layman's scare.

Meat Foods

Fourteen samples of sausages were taken during the year, the standard required in all cases being 50 per cent. meat. A number of samples failed to reach this quality, the fault being simply that insufficient meat had been used. From the fact that in a number of instances the amount of meat, filler, and additional water in the sample were about equal, it looks rather as if some of the makers take equal amounts of meat and filler, reckoning the proportion of meat to be thus 50 per cent. of the whole, forgetting that the additional water added depresses the nett content of meat calculated on the final article. All these deficient samples were referred to the local Food Control Committee, and in most cases strong cautions were administered.

In the case of a sample of meat paste, No. 1,869, which was deficient of 53 per cent. of the required amount of meat, a formal sample was taken and proceeding instituted. The vendor was fined £20.

Bread

It is not often that one has to condemn a sample of bread, but one or two instances occurred during the year of foreign dark patches occurring, giving rise to complaints by the public. In one case, it was mouldy fragments of starchy material, in another case small portions of string were found. The bakery concerned was warned to tighten up its methods generally to prevent this occurrence. Early this year a sample was brought in containing a complete cockroach carcase.

Sago

A sample of sago (S.62) was submitted with a complaint that it had a foreign smell, and the taste after cooking was objectionable. It transpired that this particular parcel had arrived packed in jute bags, linen bags not being available. The smell and taste were attributed to this circumstance and they were to some extent dissipated on airing. It was considered advisable, however, to relegate the whole consignment for animal feeding.

Soda Water

A private sample of soda water (S.65) was also alleged to have a foreign flavour. We confirmed a slight smell of used oil in the sample and it was found on investigating the works where the soda water was manufactured that a compressor had become badly contaminated with lubricating oil, the volatile constituents of which were being bottled with the beverage itself. The whole current issue was withdrawn from sale, and the practice of periodically cleaning the machine was instituted.

Cooking Oil

It is common knowledge that in recent years much mineral oil has been used for cooking purposes. Where this is done by the public in preparing meals for their own consumption it is a private matter, but it was thought by many Health Authorities that mineral oil should not be used in goods prepared for sale, nor should it be packed and sold specifically as cooking oil. Many dealers get over this by labelling the material "refined oil," not committing themselves other than by verbal means that the material was intended for cooking purposes. A number of samples were submitted. They were in all cases 100 per cent. mineral oil, but were sold under circumstances that permitted no legal action to be taken. The matter was referred to the appropriate officials at the Ministry of Food who promised that an Order should be put on the books dealing with this matter. This promise has now been implemented in S.I. No. 614 (Emergency Laws, Food—Mineral Oil, The Mineral Oil in Food Order, 1949), which limits the use of mineral oil in cooking to the mere matter of greasing tins so long as by this process not more than 0.2 per cent. is introduced into the final article.

Labelling Offences

One or two samples were dealt with under this heading. Olive oil and cod liver oil, for instance, when prepacked are not exempt from the terms of the Labelling of Food Order because they can also be used as drugs, and several instances occurred where prepacked olive oil and cod liver oil were not properly labelled. Another sample of dry coffee extract (No. 1,995) was sold as dehydrated coffee. This, of course, was not the intended meaning, as there would be little point in dehydrating coffee as such. It was recommended to the firm that they described the material as dry coffee extract which, in fact, it was. Another similar preparation, "Cupkaff," was described as 100 per cent. coffee. Being a dry extract, it was, of course, equivalent to much more than 100 per ent. coffee. Correspondence was entered into with a firm of custard powder manufacturers because one of their advertisements widely distributed in publications read by housewives gave the false impression that dried eggs were an ingredient. The advertisement was withdrawn. A sample of half-cream dried milk (S.40) contained the misleading information on a slip inside the packet that the material was made from rich selected milk. As this sample was equivalent to dried milk made from milk containing only 1.5 per cent. fat, we pointed out to the firm that the word "rich" was inappropriate.

DRUGS

Soda Mint Tablets

This drug, formerly a B.P.C. preparation, became official in the seventh addendum of the British Pharmacopoeia, 1932, on the 1st February, 1945. Several samples, Nos. 302, 303 and 304, were purchased, and they were handed to the sampling officer in plain paper bags just as children's sweets might have been packed. There was no disclosure of composition or even a label bearing the name, and we took up the matter with the vendors as a technical infringement of the Pharmacy and Medicines Act, 1941, Section 11.

Although no serious consequences are likely to arise when this formality is neglected in the case of soda mint tablets, the principle itself is not entirely unimportant and was dealt with at length in the Report for 1947, when Formalin Throat Tablets were similarly sold without notification of their nature by label. At that time it appeared that there was a real danger of children buying these tablets as a form of unrationed sweets.

In the case of the present samples the vendors accepted our criticism, put the error down to the use of inexperienced staff, and undertook to take steps to have their goods labelled properly in the future.

Hydrogen Peroxide

Sample No. 367 was declared on the label as 20 volume, but proved' in fact, by analysis, to be only 15.7 volume. The vendor was instructed to replace his stock.

Rose Hip Syrup

This article, being a vitamin preparation, must have the Ascorbic Acid declared on the label. It is, in fact, purchased almost entirely for its Ascorbic Acid content, and it is, therefore, important that the vitamin content should be declared, and that that amount, within commercial accuracy, should be actually present. Of a number of samples analysed, three were deficient. In every case the declaration was 200 mgs. of Ascorbic Acid per 100 mls. : No. 1396 contained 157 mgs. per 100 ml. ; No. 1882 contained 137 mgs. per 100 ml. and No. 1881 contained 168 mgs. per 100 mls. The question of these deficiencies was taken up direct with the manufacturers, and it appeared in every case that the preparation was up to full strength when bottled, but that the public demand for this article had decreased since oranges, lemons, and other fresh fruits had become more plentiful, and the rose hip syrup, instead of selling out in the season in which it was first prepared, remained unsold until the following season. The stocks were withdrawn from sale and replaced with the current season's preparation. While this matter was under discussion with various Ministries and manufacturers, the most useful suggestion that emerged was that the syrup should be dated like photographic films, as by any method of storage some deterioration seems to take place with time.

Other drug samples condemned are set out in Table D, but no others presented any point of special interest.

Drinking Water

Close contact has again been maintained with the Water Engineer and his staff, and constant vigilance has been exercised to ensure the safety of the City water supply.

Treatment of the water supplied to the City has been efficient throughout the year ; and all samples representing water as delivered to consumers have been passed as satisfactory. The unsatisfactory samples noted in Table M were found in every case to have been polluted in storage tanks after the water had ceased to be the responsibility of the Water Undertaking.

Some special attention was paid to Thornton Reservoir and its main feeders ; and as a result of information obtained from analyses, recommendations were made :

(*a*) That the accumulation of silt be cleared from the shallow end of the Reservoir ;

(*b*) That the sewage effluents on the Catchment area be diverted so as not to pollute the reservoir.

For a short period a taste was noted in the supply in one area in the City and this was traced to Cropston water. The Engineer successfully cured the trouble by the use of activated carbon.

Some of the tables that follow record in a minimum amount of print the rest of the work carried out. The very miscellaneous character of the samples received makes the work extremely interesting, but at the same time poses a relatively large number of diverse problems in proportion to the number of staff available to solve them.

Space forbids any extended reference to work on Atmospheric Pollution, Swimming Bath Water, Rag Flocks, Fertilizers and Feeding Stuffs, Red Petrol, etc., etc., or any attempt to assess the relation of the Public Analyst to the public he serves. Sufficient to say that any matter which directly or indirectly affects their health and can be tackled by chemical means, and any matter connected with the foodstuffs and drugs they buy which may affect their pockets, is his concern and co-operation on their part is appreciated.

F. C. BULLOCK

TABLE A

Summary of Samples Analysed during 1948

Food and Drugs Act, 1938 :		
Samples submitted by Sanitary Inspectors	943	
Samples submitted by the Public	30	
Shellfish (Bacteriological Samples)	9	
	—	982
Bacteriological Milk Samples examined for chemical composition		1,214
Fertilisers and Feeding Stuffs Act, 1926 :		
Samples submitted by Sanitary Inspectors		25
Rag Flock Act, 1911		8
Milk (Special Designations) Order, 1936		1,214
Milk (Phosphatase Test)		1,590
Reference Samples		6
Atmospheric Pollution Samples		36
Miscellaneous Samples from other sources :		
Health Department	92	
Water Department	572	
Miscellaneous	104	
	—	768
Total		5,843

TABLE B

FOODS AND DRUGS ANALYSED DURING 1948 :

(Sampled by Sanitary Inspectors under the Food and Drugs Act)

Foods Analysed :

Sample	No.	Sample	No.
Milk	278	Goats' Milk	1
Apricot Pulp	1	Ginger	4
Apple Puree	1	Gin	2
Apricots (Tinned)	8	Ginger Wine	1
Apple Juice	1	Ground Cashew Nut	1
Apricot Jam	1	Ice Cream	114
Bread	5	Jam	11
Becona	1	Lemonade Crystals	1
Baking Powder	7	Lime Juice	1
British Sherry	1	Lard	3
Butter	11	Mussels	31
Barluze	1	Mustard	5
Beer	12	Meat Pie	5
Barley Flour	1	Margarine	11
Christmas Puddings	3	Marmalade	6
Cod Liver Roe Paste	2	Marzipan Mixture	1
Cake Mixture	3	Macaroni	2
Concentrated Meat Product	2	Meat Paste	13
Custard Flavour	1	Oat Food	1
Concentrated Chicken Broth	1	Orange Squash	1
Cocoa	5	Oatmeal	1
Cheese	8	Pâté de Foie	1
Coffee	10	Pepper	9
Cherrum	2	Pudding Mixture	2
Custard Powder	3	Pineapple (Tinned)	9
Cooking Fat	8	Pork Sausage Meat	1
Cooking Oils	5	Prunes	1
Currants	3	Polony	2
Dried Egg	2	Puddings (Tinned)	2
"Delicaf" Coffee Powder	1	Pearl Barley	5
Danish Black Pudding	1	Potted Meat	5
Dates	3	Refined Oil	2
Flavourings	7	Rum	1
Fish Cakes	4	Rich Ruby Wine	1
Figs (Ordinary and Dried)	5	Semolina	1
Flour	2	Soups	3
Fish Paste	1	Sugar	2
Frizets	1	Salad Dressing	8
Fruit Juices	5	Soylina	2
Fish (Tinned)	6	Sago	2
Fish Spread	3	Sweet Corn	1
Gelatine	9	String Beans	1
Grape Puree	1	Sausage and Sausage Meat	5

TABLE B—*Continued*

Sample	No.	Sample	No.
Sausage	8	Tea Ration	1
Spices	6	Tomatoes (Tinned)	6
Sunny Spread	1	Vinegar	6
Sweets (Mixed)	18	Vita Gravy	1
Sultanas	2	Vegetables (Tinned)	6
Stuffing	6	Whisky	3
Tea	3	Miscellaneous	13
Table Dessert	1		
Table Jelly	2	Total	801

Drugs Analysed :

Sample	No.	Sample	No.
Aspirin Tablets	6	Phenacetin Tablets	3
Borax	6	Prescriptions	8
Bicarbonate of Soda	7	Quinine Sulphate Tablets	6
Cod Liver Oil	5	Rose Hip Syrup	5
Camphorated Oil	6	Soda Mints	5
Easton's Syrup	6	Sweet Spirit of Nitre	3
Epsom Salts	16	Tincture of Iodine	9
Eucalyptus Oil	6	Vitamin "C" Tablets	3
Formamints	2	Vitamin "C" Preparations	3
Glycerine, Lemon, and Honey	1		
Glauber's Salt	10	Drugs	142
Glycerine	3	Foods	801
Hydrogen Peroxide	10		
Lime Waters	9		
Olive Oil	4	Total Foods and Drugs	943

TABLE C. Milk Samples "Not Genuine"

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
405	Tuberculin Tested . .	Informal	20% deficient of Fat	Caution by M.O.H.
418	Accredited	do.	1[illegible]% do.	do.
419	Accredited	do.	6% do.	do.
438	Tuberculin Tested . .	do.	13% do.	Further sample taken
458	Tuberculin Tested . .	do.	6% do.	Reported to County Authority
466	Tuberculin Tested . .	do.	6% do.	do.
468	Tuberculin Tested . .	do.	13% do.	do.
2385	Milk	Formal	33% do.	do.
2386	Milk	do.	32% do.	do.
2391	Milk	do.	10% do.	do.
620	Tuberculin Tested . .	Informal	6% do.	do.
623	Tuberculin Tested . .	do.	16% do. . .	Reported to C.S.I. for investigation
386	Milk	do.	6% do.	do.
701	Tuberculin Tested (Certified)	do.	10% do.	do.
54	Milk	Formal	8% do.	do.
55	Milk	do.	5% deficient of Solids-not-Fat	do.
59	Milk	Informal	10% deficient of Fat	do.

TABLE C.—*continued*

Sample No.	Article	Formal, Informal or Bacterial	Nature of Offence	Action taken
928	Raw Milk	Informal	17% deficient of fat	Reported to C.S.I. for investigation
937	Raw Milk	do.	17% do.	do.
1064	Tuberculin Tested	Bacterial	10% do.	do.
1066	Tuberculin Tested	do.	20% do.	do.
1238	Tuberculin Tested	do.	6% do.	do.
1240	Tuberculin Tested	do.	10% do.	do.
1259	Tuberculin Tested	do.	10% do.	do.
841	Milk	Informal	6% do.	do.
849	Milk	do.	13% do.	do.
1268	Accredited	Bacterial	6% do.	do.
1269	Accredited	do.	20% do.	do.
1346	Milk	Formal	10% do.	do.
1584	Tuberculin Tested	Informal	23% do.	do.
1623	Accredited	Bacterial	6% do.	do.
2151	TuberculinTested (Cert.)	do.	3% deficient Solids-not-Fat	do.
2152	Tuberculin Tested (Cert.)	do.	3.5% do.	do.
2303	Tuberculin Tested	do.	1% do.	do.

TABLE D. Food and Drug Samples other than milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S.36	Tinned Pineapple	Private	Excessive contamination with tin (3½ grains per lb.)	Further samples taken
2336	Tinned Pineapple	Informal	Excessive tin contamination (2.9 grains per lb. tin)	All stock seized
2337	Tinned Pineapple	do.	Excessive tin contamination (3.34 grains per lb. tin)	do.
2340	Tinned Pineapple	do.	Excessive tin contamination (3.3 grains per lb. tin)	do.
2341	Tinned Pineapple	do.	Excessive tin contamination (3.4 grains per lb. tin)	do.
2342	Tinned Pineapple	do.	Excessive tin contamination (2.7 grains per lb. tin)	do.
2343	Tinned Pineapple	do.	Excessive tin contamination (2.7 grains per lb. tin)	do.
2306	Tinned Pineapple	Formal	Excessive contamination with tin (3.3 grains per lb.)	
2383	String Beans	Informal	Excessive contamination with tin (3.9 grains per lb. tin)	Stock withdrawn from sale
398	Tinned Tomatoes	do.	2.76 grains per lb. tin	do.
S.41	Meat Pie	Private	Contained lead solder	Vendor cautioned by interview with P.A.
S.48	Dates	do.	Larvae present in each individual date	Sanitary Inspectors requested to investigate

TABLE D—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S.47	Barley Flakes	Private	Through heavy infestation with mites	Whole supply condemned and withdrawn from sale
S.61	Vinegar	do.	Malt vinegar heavily infested with vinegar eels	Supply condemned
1358	Beef Sausage	Formal	Deficient of 17.8% meat	Cautioned by M.O.H.
1361	Beef Sausage	do.	Deficient of 15.2% meat	do.
1810	Sausage	do.	Deficient of 60% meat	Reported to Local Food Control Committee
1869	Potted Meat	Informal	Deficient of 53% amount of meat	Formal sample taken (No. 1896)
1896	Meat Paste	Formal	Deficient of 53% of the required minimum amount of meat	Prosecution 8th February, 1949, £20 fine
1979	Sausage	Informal	Deficient of about 34% meat content	Reported to Food Control Committee
1990	Sausage Meat	Formal	Deficient of about 34% meat content	No proceedings taken, but the Vendor was cautioned by Food Control Committee
1999	Beef Sausage	do.	Deficient of 32% meat	do.
2331	"Cherrum" Cocktail	Informal	Misleading label	Formal sample taken
2362	"Cherrum" Cocktail	Formal	do.	Referred to M.O.F.
S.62	Sago	Private	Foreign smell and taste on cooking	Faulty portion confiscated. Communicated with Vendor
329	Refined Oil	Formal	Was mineral oil which is inedible	M.O.H. to seek further advice
2388	Refined Oil	Informal	do.	Took Formal sample (No. 329)

TABLE D—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
912	Cooking Oil	Formal	100% Mineral Oil	
S.60	White Bread	Private	Mouldy fragments inside loaf	Bakery inspected and warning issued
988	Mussels	Informal	50% clean	M.O.H., Caernarvon, advised by letter, 9th January, 1948
991	Mussels	do.	10% clean	Stock seized
992	Mussels	do.	50% clean	All stock seized and destroyed
994	Mussels	do.	10% clean	do.
993	Mussels	do.	30% clean	do.
998	Mussels	do.	10% clean	
999	Mussels	do.	20% clean	
2001	Mussels	do.	20% clean	
2009	Mussels	do.	30% clean	
2010	Mussels	do.	0% clean	
2182	Ground Almond Substitute	Formal	Unsatisfactory substitute	Reported to M.O.F. Supply withdrawn
S.40	Half-Cream Dried Milk	Informal	Contained misleading label	Firm cautioned, and asked to amend label
1915	Olive Oil	do.	Olive Oil 100%. The name and address of the packer, and the minimum contents were not clearly legible in accordance with S. R. & O., 1946, No.2169	do.
2020	Cod Liver Oil	do.	Genuine Cod Liver Oil improperly labelled	Cautioned on 23rd November, 1948, by M.O.H.

TABLE D—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S.68	Olive Oil	Private	Genuine Olive Oil, prepacked and incorrectly labelled	Wrote to firm's headquarters, who accepted fault and promised to communicate with branches
1995	"Delicaf" Coffee Powder	Informal	Labelling offence	Informed Ministry of Food
S.51	Sultana Chutney	Private	No Sultanas present	do.
S.52	Gin	do.	56% Proof Spirit, = 13.8% deficiency	Further sample unobtainable
S.53	Brandy	do.	Bitter taste. Proof Spirit 70%	Supplier apologised and exchanged bottle
833	Mild Beer	Informal	Mild Beer of suspiciously low gravity	Formal sample taken
851	Mild Beer	Formal	do.	Brewer asked for explanation
853	Mild Beer	do.	do.	do.
854	Mild Beer	do.	do.	do.
856	Mild Beer	do.	do.	do.
S.63	Ice Cream	Private	Misleading Label	Requested Formal sample. Reported to Weights and Measures Dept. £10 fine
1396	Rose Hip Syrup	Informal	Deficient of Ascorbic Acid	M.O.H. reported matter to Ministry of Health
1881	Rose Hip Syrup	do.	Deficient of 16% of the declared amount of Ascorbic Acid	do.
1882	Rose Hip Syrup	do.	Deficient of 31% of the declared amount of Ascorbic Acid	do.

TABLE D—*continued*

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S.65	Soda Water	Private	Foreign flavour	Manufacturer requested to clean apparatus
302	Soda Mint Tablets	Informal	Not properly labelled as a medicine	Vendor written to for explanation
303	Soda Mint Tablets	do.	do.	Vendors cautioned by telephone by P.A.
304	Soda Mint Tablets	do.	do.	do.
367	Hydrogen Peroxide	do.	15.6 Volume	Vendor asked to withdraw stock
385	Lime Water	do.	0.13%	do.
384	Lime Water	do.	Not labelled "Lime Water"	Vendor warned to label all drugs
365	Glauber's Salt	do.	114.0% crystallized sodium sulphate	Vendor asked to label appropriately
381	Glauber's Salt	do.	108.8% crystallized sodium sulphate	do.
1337	Medicine	do.	10% v/v alcohol instead of 15%	Formal sample satisfactory
2508	Prescription	do.	Incorrectly dispensed prescription	Vendor cautioned at interview, 13th January, 1949
1379	Quinine Bisulphate Tablets	do.	Deficient of approximately 13.6% of the declared amount of Quinine	Caution issued
2513	Sweet Spirit of Nitre	do.	Deficient of 37% of the minimum required amount of Ethyl Nitrite	do.

TABLE E

Results of Bacteriological Examinations of Milk, 1948

Grade	Total No. examined	Passed as satisfactory	No. which failed Me. Blue Test	B. Coli too numerous	Not less than 2.3 L.B.U.	% satisfactory		
						1946	1947	1948
Tuberculin Tested (Certified)	60	46	4	10	—	91.65	81.6	76.7
Tuberculin Tested	615	461	86	120	—	82.2	75.2	75.0
Tuberculin Tested (Pasteurised)	46	44	2	—	—	93.3	100.0	95.7
Accredited	106	54	35	44	—	75.7	74.7	51.0
Pasteurised	314	278	35	—	3	96.6	100.0	88.6
School Milk (Pasteurised) ..	74	64	9	—	3	91.5	100.0	86.6
Total	1,215	947	171	174	6	88.6	86.8	78.1

TABLE F. Swimming Bath Waters Examined during 1948

Bath	No. examined	No. having satisfactory bacteriological quality	B. Coli too numerous or total count more than 1,000 per ml.	No. in which chlorine dose was too high	% passed as bacteriologically satisfactory
Cossington Street	4	4	—	—	100
Aylestone	4	4	—	—	100
Spence Street	7	7	—	—	100
Vestry Street	15	15	—	2	100
Total (Corporation Baths) . .	30	30	—	2	100
Kenwood Pool	5	5	—	—	100
Humberstone Lido	5	5	—	—	100
Total (all Baths)	40	40	—	2	100

TABLE G. Fertilisers and Feeding Stuffs Analysed under the Fertilisers and Feeding Stuffs Act during 1948

Sample	Number Examined	Number Satisfactory	Number Unsatisfactory		
			Composition Incorrect	Statutory Declaration Defective	Total Unsatisfactory
Feeding Stuffs	13	11	2	—	2
Balancer Meal	2	—	2	—	2
Sulphate of Ammonia . .	2	—	1	1	2
General Fertilizer	1	1	—	—	—
National Growmore . .	1	1	—	—	—
Superphosphate	2	2	—	—	—
Sulphate of Potash . .	2	2	—	—	—
Nitrate of Soda	2	2	—	—	—
Total . .	25	19	5	1	6

TABLE H. Miscellaneous Samples examined for various Corporation Committees

Health Department

Sulphur Cylinders	24	
Rain Waters	12	
	—	36
Waters—Chemical :		
City Supply	1	
Cellar Leakage Water	1	
Well Water	4	
	—	6
Waters—Bacteriological :		
City Supply	16	
Well Water	3	
	—	19
Apricot Pulp		1
Argol Crystal		1
Bath Waters		47
Coins		4
D.D.T.		1
Dried Milk		1
Grit		1
Medicine		1
Orange Juice		1
Radiator Water		2
Tinned Tomatoes		1
Urine		4
Weed Killer		1
White Powders		2
Wine		1
Milks (Phosphatase)		1,323
		1,453

Education Department

Mixed Groceries	10	
	—	10

City Isolation Hospital

Stomach Washings	1	
	–	1

City Transport Department

Cod Roe Paste	1	
	–	1

City General Hospital

Finger Nails	1	
Urine	1	
Faeces	1	
Water (Chemical)	1	
	–	4

City Police Headquarters

Petrol	3	
	–	3

Water Department

Water (Chemical)	332	
Water (Bacterial)	175	
Water (Biological)	37	
Deposit	2	
Earth	19	
Mud	4	
Packing from Water Main	2	
Copper Feed Pipe	1	
	—	572
Total		2,044

TABLE K

Summary of Samples examined by Bacteriological Methods during 1948

Milk	1,142
Pasteurised Milk supplied to Schools	74
Reservoir and other Waters (for Water Committee)	175
Waters (for Health Committee)	17
Swimming Bath Waters	47
Miscellaneous Waters	20
Shellfish	31
Total	1,506

TABLE I

Miscellaneous Samples cxamined from other sources

Article	No.	Article	No.
Concentrated Orange Juice	1	Rhubarb Wine	1
Coffee	1	Rubber Ring	1
Cocoa	1	Salad Cream	4
Crystals	1	Shoe Spray	1
Custard	1	Soda Water	2
Deposit	1	Tea (Infused)	1
Fat Extender	1	Water (Chemical)	35
Ginger Beer	1	Water (Bacterial)	20
Milk	3	White Tablets	1
Mussels	1	Wine	1
Oil	1	Winter Tar Oil Wash	1
Orange Squash	2		
Petrol (Commercial)	1	Total	85
Quinine Bisulphate Tablets	1		

TABLE J. Samples submitted by members of the Public

Article	No.	Article	No.
Barley Flakes	1	Mineral Water	1
Brandy	1	Olive Oil	1
Bread	1	Pig and Poultry Food Supplement	1
Cake	2	Prunes	1
Date Paste	1	Sago	1
Dates	2	Soda Water	1
Dried Milk	1	Sultana Chutney	1
Gin	1	Tinned Cherries	1
Ice Cream	1	Tomato Ketchup	1
Jamaica Rum	1	Vinegar	1
Maltets	1	Vitamin Pills	1
Marmalade	1		
Meat Pie	1		
Meat Rolls	1	Total	30
Milk	3		

TABLE L

Samples of Milk examined by the Phosphatase Test, 1948

Dairy	Number Examined	No. giving less than 2.3 Blue Units, Efficiently Pasteurised	% of Total Satisfactory 1948	% Satisfactory in previous years		
				1947	1946	1945
1	253	251	99.2	100.0	100.0	100.0
2	253	250	98.8	99.6	100.0	99.6
3	249	247	99.2	100.0	99.5	100.0
4	280	271	96.8	98.7	99.4	100.0
7	35	35	100.0	100.0	98.6	99.6
8	249	249	100.0	100.0	100.0	99.8
Miscellaneous (mainly samples submitted for Bacteriological Tests)	273	273	100.0	99.5	96.95	98.3
Total	1,592	1,576	99.0	99.8	99.1	99.5

TABLE M

B. Coli Content of Reservoir Water, 1948

Reservoir	No. of Samples	B. Coli Absent	Probable No. of B. Coli per 100 mls.			
			0—2	3—10	11—25	More than 25
Swithland						
Filtered Water	17	3	3	6	3	2
Filtered and Chloraminated Water ..	16	15	1	—	—	—
Raw Water ..	—	—	—	—	—	—
Cropston						
Filtered Water	11	4	4	2	1	—
Filtered and Chloraminated Water ..	12	11	1	—	—	—
Raw Water ..	—	—	—	—	—	—
Thornton						
Filtered Water	17	2	5	6	4	—
Filtered and Chloraminated Water ..	12	12	—	—	—	—
Raw Water ..	5	—	—	—	—	5
Derwent ..	2	2	—	—	—	--
City Supply ..	92	64	7	8	1	12

TABLE N. Ice Cream Samples examined during 1948

Sample No.	Fat %	Total Solids %	Methylene Blue Test. Period before decoloration	Grade	Metals : Zn., p.p.m. and Fe.	
					Zn.	Fe.
944	2.5	26.6	1 hour	3	Slight trace	Nil
945	1.0	24.5	2 hours	3	—	5 p.p.m.
1344	2.3	19.0	5½ ,,	1	Slight trace	Slight trace
1345	0.3	25.0	4½ ,,	1	10 p.p.m.	Slight trace
H179	3.5	27.3	2½ ,,	2	Slight trace	5 p.p.m.
946	4.0	20.0	—	4	Trace	—
947	8.5	31.4	3½ ,,	2	Nil	Nil
1347	3.0	22.8	3½ ,,	2	,,	,,
1348	1.25	24.9	1½ ,,	3	,,	,,
948	2.5	21.65	3 ,,	2	—	—
949	1.5	22.0	3 ,,	2	—	—
1349	2.0	23.0	4½ ,,	1	—	—
1350	1.5	22.81	0	4	—	—
1351	2.3	23.8	3½ ,,	2	—	—
1352	2.8	20.6	1 ,,	3	—	—
1353	3.0	22.9	4 ,,	2	—	Trace
1354	2.5	27.4	4½ ,,	1	Nil	Nil
1355	2.0	20.1	4 ,,	2	,,	,,
1361	3.5	20.55	0	4	,,	,,
1365	1.0	20.6	4½ ,,	1	,,	,,
1366	2.0	23.4	0	4	,,	,,

TABLE N—*continued*

Sample No.	Fat %	Total Solids %	Methylene Blue Test. Period before decoloration	Grade	Metals : Zn., p.p.m. and Fe.	
					Zn.	Fe.
1254	4.5	27.55	4½ hours	1	Nil	Nil
1255	2.5	20.95	½ ,,	3	,,	,,
1367	3.0	17.58	4½ ,,	1	,,	,,
1368	Too little to test	31.25	4½ ,,	1	,,	,,
1369	3.84	30.25	—	—	,,	,,
1370	2.74	23.35	—	4	,,	,,
1371	2.42	25.75	—	4	,,	,,
1372	0.97	15.66	—	4	,,	,,
1260	3.50	27.75	—	3	16 p.p.m.	9 p.p.m.
1261	4.0	24.1	—	3	3 ,,	8 ,,
1269	2.5	24.7	—	4	4 ,,	5 (less than)
1270	2.0	26.2	—	3	2 ,,	5 ,,
1271	2.25	23.3	—	1	2 ,,	5 ,,
1272	4.5	30.75	—	3	1 ,,	5 ,,
1273	2.5	19.20	—	4	2 ,,	7 p.p.m.
1275	6.0	28.75	—	1	1 ,, (less than)	15 ,,
1276	5.0	26.9	—	2	2 ,,	7 ,
1277	8.6	24.6	—	2	2 ,,	4 ,,
1278	2.0	20.63	—	1	2 ,,	6 ,,
1279	3.6	28.82	—	1	2 ,,	5 ,,
1280	0.5	24.10	—	3	1 ,,	15 ,,

TABLE N—*continued*

Sample No.	Fat %	Total Solids %	Methylene Blue Test. Period before decoloration	Grade	Metals : Zn., p.p.m. and Fe.	
					Zn.	Fe.
1373	2.5	27.9	—	3	10 p.p.m.	1 p.p.m.
1374	2.0	23.65	—	4	2 ,,	10 ,,
1375	2.5	23.6	—	2	Nil	Nil
1376	2.5	26.1	—	1	10 p.p.m.	,,
1377	0.5	29.5	—	3	5 ,,	1 p.p.m.
1378	2.0	23.2	—	4	12 ,,	20 ,,
1379	0.75	22.15	—	1	10 ,,	15 ,,
1380	1.0	25.45	—	1	2 ,,	3 ,,
1381	0.75	19.86	—	4	4 ,,	15 ,,
1382	2.5	19.90	—	2	—	3 ,,
1383	1.0	22.35	—	2	1 p.p.m.	3 ,,
1384	1.0	23.00	—	2	1 ,,	2 ,,
1385	3.0	24.65	—	1	2 ,,	3 ,,
1386	3.5	26.90	—	2	1 ,,	6 ,,
1387	2.5	23.56	—	3	10 ,,	5 ,,
1388	2.0	29.35	—	4	3 ,,	4 ,,
1391	3.5	27.71	—	1	4 ,,	6 ,,
1393	1.5	16.96	—	1	6 ,,	8 ,,
1394	7.0	31.0	—	3	Nil	1 ,,
1395	5.5	23.4	—	1	,,	1 ,,
1396	4.0	27.74	—	1	10 p.p.m.	10 ,,

TABLE N—*continued*

Sample No.	Fat %	Total Solids %	Methylene Blue Test. Period before decoloration	Grade	Metals : Zn., p.p.m. and Fe.	
					Zn.	Fe.
1397	0.5	23.87	—	3	15p.p.m.	5 p.p.m.
1398	3.0	24.60	—	2	5 ,,	5 ,,
1399	2.5	27.40	—	2	5 ,,	2 ,,
1400	3.0	26.10	—	1	8 ,,	8 ,,
1103	7.0	28.67	—	1	10 ,,	10 ,,
1104	2.5	24.17	—	4	10 ,,	8 ,,
1105	4.0	23.67	—	4	10 ,,	10 ,,
1106	2.5	18.80	—	4	10 ,,	10 ,,
1107	3.0	22.40	—	2	10 ,,	5 ,,
1108	1.5	19.90	—	4	10 ,,	5 ,,
1109	Nil	13.46	—	0	10 ,,	5 ,,
1110	1.0	22.73	—	1	10 ,,	10 ,,
1111	2.5	19.73	—	0	10 ,,	5 ,,
1115	2.5	15.05	—	—	Nil	Nil
1116	2.5	26.15	—	2	10 p.p.m.	5 p.p.m.
1117	2.5	28.30	—	0	Nil	Nil
1119	4.0	25.27	—	0	10 p.p.m.	5 p.p.m.
1131	8.0	28.84	—	4	5 ,,	5 ,,
1132	2.0	25.70	—	4	Nil	Nil
1133	8.5	31.80	—	2	5 p.p.m.	3 p.p.m.
1139	0.5	24.8	—	2	Nil	Nil

TABLE N—*continued*

Sample No.	Fat %	Total Solids %	Methylene Blue Test. Period before decoloration	Grade	Metals : Zn., p.p.m. and Fe.	
					Zn.	Fe.
1140	1.5	22.4	—	4	Nil	Nil
1141	3.0	22.5	—	1	10 p.p.m.	5 p.p.m.
1142	1.0	25. 8	—	2	5 ,,	Nil
1144	3.0	16.62 (Cooked too much in oven)		1	Nil	5 p.p.m.
1145	9.0	29.77	—	1	Nil	Nil
1146	0.5	21 60	—	3	15 p.p.m.	,,
1147	0.5	28.30	—	3	Nil	,,
1148	3.0	22.80	—	1	,,	,,
1149	(Insufficient sample)	30.55	—	4	,,	15 p.p.m.
1150	1.5	25.26	—	4	,,	Nil
1151	4.0	26.70	—	3	,,	10 p.p.m.
1152	4.0	23.75	—	3	—	3 ,,
1157	3.0	24.3	—	1	Nil	Nil
1158	2.5	15.8	—	1	,,	,,
1159	5.0	27.8	—	1	,,	,,
1160	2.0	28.0	—	3	,,	,,
1161	3.5	25.2	—	1	,,	,,
1168	1.5	25.05	—	4	,,	,,
1169	1.5	19.50	—	3	5 p.p.m.	5 p.p.m.
1170	1.0	22.25	—	3	5 ,,	5 ,,
1171	8.5	38.50	—	3	Nil	3 ,,

TABLE N—*continued*

Sample No.	Fat %	Total Solids %	Methylene Blue Test. Period before decoloration	Grade	Metals : Zn., p.p.m. and Fe.	
					Zn.	Fe.
1172	10.0	37.90	—	2	5 p.p.m.	Nil
1191	2.0	24.35	—	°	Nil	,,
1194	3.0	26.52	—	1	,,	,,
1195	1.0	23.41	—	1	,,	,,
1196	3.0	28.96	—	2	,,	,,
1197	4.0	21.06	—	2	,,	,,
1199	1.0	27.05	—	3	1 p.p.m.	2 p.p.m.
1200	1.0	20.85	—	2	Nil	Nil
1283	3.0	37.00	—	2	1 p.p.m.	3 p.p.m.
1286	9.0	27.20	—	1	5 ,,	5 ,,
1287	2.0	33.30	—	2	Nil	5 ,,
1288	3.0	35.55	—	2	5 p.p.m.	5 ,,
1295	13.0	38.25	—	4	5 ,,	2 ,,
954	7.5	30.10	—	—	5 ,, (less than)	Nil
956	8.5	32.85	—	—	5 ,,	5 ,, (less than
957	5.0	31.25	—	1	5 ,,	5 ,, ,,
960	4.0	21.88	—	—	Nil	3 ,,
961	8.5	37.62	—	—	Faint trace	2 ,,
962	8.5	35.18	—	—	Nil	4 ,,
1	10.0	35.30	—	—	—	—
2	2.5	24.82	—	—	—	—
3	9.5	49.91	—	—	—	—

TABLE O

Atmospheric Pollution

Lead Peroxide Method for SO_3. Average Monthly Figures for 1948.
Results expressed in mgms. of SO_3 per 100 sq. cm. per day.

Month	Station	
	Westcotes	Grey Friars
January	2.49	3.53
February..	2.19	4.22
March	2.05	3.31
April	1.35	2.42
May	.73	1.89
June	.56	1.59
July	.61	1.53
August	.435	1.04
September	.53	1.73
October	1.09	2.94
November	2.19	4.82
December	2.15	4.08

TABLE P. Atmospheric Pollution

Figures obtained from Standard Deposit Gauge, 1942-1948

Site of Gauge : Town Hall Roof, Leicester

Year	Average Monthly Rainfall, inches	Average deposit in tons per square mile per month					
		Insoluble Deposit				Soluble Deposit	Total Deposit
		Tar	Soot	Ash	Total		
1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47
1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58
1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51
1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73
1946	2.728	0.33	3.57	11.81	15.71	6.66	22.37
1947	1.80	0.251	2.94	9.06	12.27	5.75	18.02
1948	2.19	0.19	4.96	9.13	14.28	5.46	19.8
Aver. for seven yrs.	2.054	0.194	3.795	13.35	17.34	6.29	23.64

APPENDIX IV

Report on the Sanitary Inspection Department

for the year 1948

By

F. G. McHUGH, F.R.San.I., F.S.I.A.,
Chief Sanitary Inspector

STAFF

Sanitary Inspectors

A further batch of our experienced Sanitary Inspectors have left the Department and have taken up posts with other local authorities and two newly-qualified inspectors have been appointed to the staff.

Mr. G. H. Fyfe resigned in May to take an appointment with Market Bosworth R.D.C.

Mr. S. A. Gregory resigned in July to take an appointment under the Leicestershire County Council, and

Mr. G. H. Mawhinney resigned in September to take an appointment with Fermanagh County, Northern Ireland.

Mr. C. W. Stacey and Mr. G. McFall were appointed and took up their duties in November.

Training Course for Sanitary Inspectors

There has been a serious shortage of Sanitary Inspectors throughout the country owing to the cessation of training during the war years and since. Although Leicester had never undertaken any such training work in the past the Education Department decided to run a course in conjunction with the City Health Department. Many difficulties were encountered in securing suitable lecturers but eventually a course for 21 students was started at the Leicester College of Art and Technology.

This course has proceeded satisfactorily the students now being engaged on the final part of the training, i.e., the practical out-door work with the officers of County Boroughs, and Urban and Rural sanitary authorities in the East Midland area.

The main part of the lecturing has been done by Mr. R. V. Redston, a member of the Leicester sanitary inspection staff.

Clerks

Miss J. M. Ward, temporary clerk, resigned.

Miss H. F. Middleton resigned and Mrs. M. A. Booton was appointed to fill the vacancy.

COST OF REPAIRS TO HOUSE PROPERTY

The very high cost of repair work is continually being brought to our notice.

The relaying of an average house drain which before the war cost between £16 and £18, now costs as much as £50. The stripping and reslating of a house roof would cost between £12 and £14 before the war; now the cost is between £50 and £60. A dustbin priced in a shop during the past few days was £1 10s. 5d.; before the war such a dustbin could be bought for about 8s. or 9s.

Leicester has about 80,000 dwelling houses and between 11,000 and 12,000 of these are owned by this local authority. The economic aspect of the repair and maintenance of the 67,000 or 68,000 houses in private ownership raises a problem of considerable magnitude.

A solution is required for this problem.

The main work of your Sanitary Inspectors in the future is concerned with the 67,000 or 68,000 houses in private ownership. While many thousands of these houses will be demolished under slum clearance procedure, the majority will require to be repaired and improved. For many years past—owing to the late war and conditions that have resulted from it—only urgent and necessary works have been called for.

SYNOPSIS OF SANITARY INSPECTION WORK

An "inspection" is the first visit paid to premises.

A "re-inspection" is a visit made after notice has been given for the remedying of a defect.

	Inspections	Re-inspections	Total
Re Accumulations	245	64	309
Re Animals, Poultry, Swine, etc	225	31	256
Ashpits and Ashbins	262	27	289
Bakehouses	205	14	219
Canal Boats	5	—	5
Cesspools	12	10	22
Closets—Water	883	135	1,018
Privies	2	—	2
Pails	9	—	9
Cold Stores	10	—	10
Common Lodging Houses—Day	27	3	30
Complaints Received	3,819	17	3,836
Complaints Confirmed	2,991	—	2,991
Re-visits	—	11,967	11,967
Cowsheds	188	—	188
Dairies	307	9	316
Dangerous Structures	44	4	48
Ditches and Watercourses	57	23	80
Drains—Inspected	2,508	1,024	3,532
Smoke Tests	498	14	512
Chemical Tests	4	—	4
Colour Tests	229	4	233
Entertainment Houses	25	—	25
Factories	309	122	431
Fish Frying Premises	119	8	127
Food Control	13	2	15
Food Examination	758	9	767
Food Manufacturing Premises	426	8	434
Food Vendors' Vehicles	10	1	11
Food Warehouses	440	3	443
Hotel and Restaurant Kitchens	100	3	103
Houses Let in Lodgings—Day	5	—	5
Houses re Contagious Disease	806	19	825
Specimens taken	226	—	226
Contagious Disease Contacts	470	9	479
Disinfection	188	6	194
Vermin	182	10	192
Overcrowding	395	14	409
Housing Acts	—	76	76
Section 9 (Repairs)—Houses	1,248	932	2,180
Other Buildings	2	—	2
Section 11 (Individual Unfit) Houses	14	23	37
Section 25 (Clearance Areas)—			
Special Visits	6	4	10
Ice Cream Premises	530	145	675
Markets—Retail Fish	397	—	397
Retail Provision	363	—	363
Wholesale Fish and Fruit	578	—	578
Meeting with Owner or Tradesman	2,377	41	2,418
Merchandise Marks Act	182	—	182
Milk Shops	94	1	95
Nursing Homes	12	—	12
Offensive Trade Premises	105	—	105
Carried forward	22,910	14,782	37,692

	Inspections.	Re-inspections.	Total.
Brought forward	22,910	14,782	37,692
Outworkers	4	—	4
Piggeries	83	—	83
Schools	22	—	22
Sewers, etc.	15	—	15
Shops—Fish	135	1	136
Fruit	4	—	4
Meat	443	3	446
Other Food Shops	275	1	276
Shops Acts	10	1	11
Slaughterhouses—Private	211	4	215
Smoke Observations	12	11	23
Special Visits re Smoke	87	9	96
Special Visits	2,821	259	3,080
Stables	14	—	14
Street Gullies	2	—	2
Streets or Back Roads	1	—	1
Tips	10	—	10
Urinals—Private	21	4	25
Public	62	11	73
Van Dwellings	52	50	102
Wells	—	—	—
Yards and Courts	53	13	66
Grand Totals	27,247	15,149	42,396
(Comparative figures for 1947)	(31,284)	(16,929)	(48,213)

Notices—Served—Informal	2,117
Formal	68
Complied with—Informal	2,152*
Formal	57

*(Includes 1,410 of notices served in previous years)

Samples—Bacteriological	1,214
Fertiliser and Feeding Stuffs Act	23
Food and Drugs Act	943
Milk for T.B.	24

The matters dealt with in this Report are arranged, as far as possible, alphabetically.

CANAL BOATS

There are no reports on inspections of canal boats during the year, although visits have been made to the wharfs.

TABLE OF CESSPOOLS, PRIVIES AND PAIL CLOSETS IN CITY.

	Cesspools.	Privies.	Pail Closets.	Chemical Closets.
No. remaining December, 1947	90	—	90	1
No. abolished during year 1948	—	—	—	—
No. remaining December, 1948	90	—	90	1

COWSHEDS

Number of Dairy Farms in city at end of 1948 ..	19 (8 disused)
Number of Cows in city at end of 1948	308

DISINFECTION

Houses or parts of houses disinfected ..	851
Clothing and Bedding, etc., comprising..	1,333 articles disinfected

DISINFESTATION

	Council Houses	*Other Houses*
Houses disinfested	518	510

Clothing and Bedding, etc., comprising 60 articles disinfested.

DRAINS

Voluntary Cleansing of Stopped Drains by Health Department

Two hundred and thirty-seven drains were attended to and of these 165 were unstopped immediately. In the remaining 72 cases the owners' attention had to be called to them.

IMPROVEMENTS TO HOUSES

	No. of Houses
Separate internal water supply in place of taps in common yards	21
Additional water closets	3

ICE CREAM

Manufacturing Premises

A member of the staff, Inspector W. J. Getgood, has given special attention to the manufacture of ice cream in the City. Although many of the premises used were in good condition structurally and kept clean, they lacked equipment. None had steam sterilising apparatus.

Prior to 1947 no manufacturer had any equipment for the efficient cooling of ice cream. All the larger manufacturers made a hot mix using a cornflour base, which necessitated some kind of boiler. After boiling the mix was stored in buckets and allowed to cool by natural means. Samples showed a high bacterial count and often had B. Coli. When such samples were graded they invariably were Grade IV.

With the publication of the Heat Treatment Regulations, 1947, manufacturers were advised on the equipment necessary to comply with these regulations. At that time the equipment was very difficult to obtain. One of the larger manufacturers employed their own staff and made pasteurising and cooling equipment to their own design ; this equipment has proved most efficient.

In July and August, 1948, a number of manufacturers changed from manufacturing a loose ice cream to a prepacked ice cream which necessitated a change in the composition of the mix and in the technique of handling. Difficulties were met and had to be overcome. Where a manufacturer was getting a bad bacteriological grading, samples were taken at different stages of the process, and swabs taken to demonstrate efficiency of cleansing and sterilising of plant and utensils.

Manufacturers were advised of faults in equipment and technique. In all cases a general improvement in the grading of subsequent samples was found.

A large amount of ice cream manufactured in Leicester is sold in adjacent districts in the county and our colleagues who take samples in those districts readily pay tribute to the improved bacteriological standard of the commodity.

The trade as a whole has afforded every facility for sampling and inspection and show a general desire for the production of a high-grade ice cream.

ICE CREAM PREMISES REGISTERED

For Manufacture, Storage and Sale		For Sale of Prepacked only	Total
Hot mix	23		
Cold mix	2		
Freezing only	4		
	29	226	255

ANALYSIS OF SAMPLES OF ICE CREAM

Grade	Prepacked	Loose	Total
1	40	28	68 or 33.5%
2	28	23	51 or 25.2%
3	20	18	38 or 18.7%
4	22	24	46 or 22.6%
Total	110	93	203

EXAMINATION OF ICE CREAM SAMPLES FROM LARGE MANUFACTURERS FOR FAT CONTENT

Firm	No. of Samples	Highest Fat Content	Lowest Fat Content	Average Fat Content
No. 1*	13 (wrapped)	13.0%	8.5%	10.0%
	9 (loose)	2.5%	0.5%	1.73%
No. 2	9	8.5%	2.5%	3.5%
No. 3	6	3.0%	1.5%	2.2%
No. 4	8	5.0%	1.0%	3.02%
No. 5	10	8.0%	0.97%	3.6%
No. 6	5	4.0%	0.75%	2.45%
No. 7	5	4.5%	0.5%	2.9%
No. 8	2	2.0%	1.5%	1.75%
No. 9	1	2.5%	—	2.5%
No. 10	3	0.5%	0.3%	0.43%
No. 11	4	4.0%	1.5%	2.6%
No. 12	3	3.6%	2.5%	3.0%

*This firm makes a separate mix for wrapped and loose ice cream

The average fat content of ice cream samples taken during 1948 is 2.47%.

With the increased supplies of "Sweetphat" now available it is expected that samples in the future will show a much higher percentage of fat.

SUMMARY OF FOODSTUFFS CONDEMNED

	Tons	Cwt.	Qr.	Lb.
Meat (Cattle Market)	253	11	2	23
Meat (Private Shops)	—	2	3	17
Fish	24	11	3	5
Crabs	–	6	–	–
Lobsters	–	–	–	19½
Mussels	9	15	1	–
Other Shell Fish	1	9	–	1
Fruit	2	6	2	1
Vegetables	24	2	–	4

Capercailzie	1
Geese	6
Partridges	3
Cocoa	½ lb.
Coffee	1 bottle
Coffee Beans	1¾ lb.
Coffee (Ground)	2 lb.
Cream Powder	4½ cwt.
Dried Egg Powder	1 packet
Eggs	29 doz.
Egg Substitute	648 lb.
Farinoca	14 lb.
Fat (Cooking)	46 lb.
Fat (Emulsion)	1 cwt.
Fish	13 jars
Fish Cakes	31
Fish Paste	689 lb. 1 oz.
Flour	530 lb.
Fruit (various)	167 bottles
Gravy Browning	1 bottle
Gravy Mixture	72 packets
Hors d'Oeuvres	42 jars
Jam (in jars)	11 lb.
Jellies	4 packets
Macaroni	175 lb.
Macaroni Rice	83 packets
Malted Meal	5 cwt.
Maltose Syrup	80 lb.
Margarine	7¼ lb.
Turkeys	8
Preserved Foodstuffs (Tinned Goods)	16,109 tins
Bacon	237¾ lb.
Barley Kernels	26 packets
Beetroot	53 jars
Biscuits	134 lb. 15 oz.
Bread	97 loaves and 563 rolls
Butter	5¼ lb.
Cake	144 lb. 15 oz.
Cake Mixture	37 lb.
Cereals	1,057½ lb.
Cheese	171 lb. 5 oz.
Chicken (Processed)	6 lb.
Meat Extract	6 jars
Milk	20 gallons
Mincemeat	16 jars
Pastry Mix	4 packets
Pickles	830 jars
Pies (Meat)	358
Pikelets	1,977
Pudding Mixture	70 packets
Raspberry Jelly	28 lb.
Sago	103 lb.
Salad Dressing	1 bottle
Sauce	9 bottles
Sausage	147 lb. 12 oz.
Scones	15
Semolina	15 lb.
Soft Drinks	1 bottle
Soup Powder	30 packets
Soyaghette	35 lb.
Sugar	45 lb.
Sweets	123 lb. 9 oz.
Tea	8 lb. 10 oz.
Tomatoes	2 bottles
Trifles	300
Vegetable Essence	1 jar
Vinegar	2 bottles
Walnuts	1 jar

SUMMARY OF FOODSTUFFS CONDEMNED AND SEIZED by a Justice of the Peace

Pheasants	1
Bacon	4 lb.
Eggs	313
Flour	108 lb.
Fruit	14 lb.
Hams	7
Jam	6 lb.
Lard	20 lb.
Pickles	16 jars
Pork	4 lb.
Preserved Foodstuffs (Fruit)	8 tins

INSPECTION OF DAIRY COWS

Summary of reports received from local office of Ministry of Agriculture :

"Tuberculin Tested Herds

There is one producer in the City holding a tuberculin tested licence. This producer also holds an attested licence.*

Other attested herds are :

The Leicester Frith Institution Farm ;
The Leicester Mental Hospital Farm.

Accredited Herds

There are five producers holding accredited licences. One hundred and seventy-two animals were examined ; three cases of mastitis were found, and one animal with a chronic cough was slaughtered under the Tuberculosis Order.

Tuberculous Milk Veterinary Investigations

Two reports were received of presence of tubercle bacilli in milk supplied to dairies in the city. Investigations were carried out and in the first case no cows were found to be affected. In the second case one animal was slaughtered under the Tuberculosis Order, 1938."

Milk Traders—Licensing and Registration

		Number
Milk and Dairies Order, 1926	Application for registration of persons as "dairymen"	5
Milk (Special) Designations) Order, 1936	Application from cowkeeper to use designation "Tuberculin Tested"	1
	Application from cowkeepers to use designation "Accredited"	5

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*This herd was sold during the latter part of the year and the farm land sold for building purposes.

Food and Drugs Act, 1938

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS

1944	1945	1946	1947	1948
622	653	764	769	943

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926	23

Milk (Special Designations) Order, 1936

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION

1944	1945	1946	1947	1948
753	811	837	933	1,214

The number of Tuberculin Tested herds in the surrounding districts has increased, and undoubtedly a greater quantity of milk from these herds is coming to dairies in this City.

ADMINISTRATIVE ACTION REGARDING SAMPLES NOT REPORTED TO BE 'GENUINE'

(For details of analysis, see Report of the Public Analyst, page 102)

MILK SAMPLES REPORTED 'NOT GENUINE'

	Formal	Informal
Milk	6	7 (1 Private)

SAMPLES OTHER THAN MILK REPORTED 'NOT GENUINE'

	Formal	Informal
Cherrum Cocktail	1	1
Coffee Powder (Delicaf)	–	1
Cooking Oil	1	–
Meat Paste	1	1
Mild Beer	4	1
Mussels	–	10
Pineapple (tinned)	1	6
Refined Oil..	1	1
Sausage	3	—
Sausage Meat	2	1
String Beans	–	1

	Formal	Informal
Tomatoes (tinned)	–	1
Cod Liver Oil	–	1
Glauber Salts	–	2
Hydrogen Peroxide	–	1
Lime Water	–	2
Olive Oil	–	2 (1 private)
Prescription	1	1
Quinine Sulphate Tablets	–	1
Rose Hip Syrup	–	3
Soda Mint Tablets	–	3
Soda Water	–	1 (private)
Sweet Spirit of Nitre	–	1

In all cases where proceedings were not taken, written cautions were sent or "follow-up" samples were immediately obtained.

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE BACILLI

Milk and Dairies (Consolidation) Act, 1915

Number of Samples of Milk taken for microscopical and biological examination for Tubercle Bacilli :

Year	1944	1945	1946	1947	1948
Number taken ..	52	35	36	18	24
Percentage containing Tubercle Bacilli	3.84	—	2.8	—	8.33

Details respecting samples taken, 1948

	Number of Samples taken	Number reported containing Tubercle Bacilli	Number reported negative	Number unsatisfactory although negative as regards Tubercle Bacilli
Cowkeepers with registered premises within City boundaries ..	7	—	6	1
Cowkeepers with premises outside City boundaries ..	17	2	15	—
Totals ..	24	2	21	1

OFFENSIVE TRADES

Particulars of all offensive Trades in the City

Number of Tripe Dressers	7
,, Marine Store Dealers	9

RENT RESTRICTIONS ACTS

Certificates Granted	8

SLAUGHTERHOUSES

Particulars of all Slaughterhouses in the City.

* Private Slaughterhouses	31
Licensed Private Slaughterhouses (includes two Knackers' Yards)	3
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	19
Corporation Slaughterhouses situated at City Hospitals :	
City Mental Hospital	1
City General Hospital	1
Total Slaughterhouses	55

* No slaughtering is being done in these slaughterhouses at present.

LEGAL PROCEEDINGS

Acts, Bye-laws or Regulations under which proceedings were instituted	Default or Offence	Fines £ s. d.	Costs £ s. d.
Public Health Act, 1936—Section 277	Failure to supply information as to ownership for the purpose of serving a statutory notice under Section 75 of the Public Health Act, 1936	1 0 0	—

F. G. McHUGH, F.R.San.I., F.S.I.A., *Chief Sanitary Inspector.*

OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections and Re-Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	269	51	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	1,983	380	50	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority† (excluding out-workers' premises)	—	—	—	—
Total	2,252	431	56	—

†*i.e.*, Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

2.—Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	5	4	–	14	–
Overcrowding (S.2)	–	–	–	–	–
Unreasonable temperature (S.3)	–	–	–	–	–
Inadequate ventilation (S.4)	2	2	–	–	–
Ineffective drainage of floors (S.6)	–	–	–	–	–
Sanitary Conveniences (S.7) :					
(*a*) insufficient	8	–	–	6	–
(*b*) unsuitable or defective	41	53*	–	45	–
(*c*) not separate for sexes	2	1	–	3	–
Other offences against the Act (not including offences relating to Outwork)	–	–	–	–	–
Total	58	60	–	68	–

(*Includes 29 from previous year.)

PART VIII OF THE ACT

OUTWORK (Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of outworkers in August list required by Sect. 110 (1) (*c*)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, Making, etc.	1,992	–	–	–	–	–
Furniture and Upholstery ..	1	–	–	–	–	–
Total	1,993	–	–	–	–	–

TABLE A. Total Weights of Meat Condemned

	British Meat				Imported Meat				British Offal				Imported Offal				Totals			
	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.	T.	C.	Qr.	Lb.
Ministry of Food Central Slaughterhouses	146	2	0	10	5	14	0	8	100	16	2	8	0	0	1	18	252	13	0	16
Private Slaughterhouses	0	14	1	9	0	0	0	0	0	4	0	26	0	0	0	0	0	18	2	7
Totals	146	16	1	19	5	14	0	8	101	0	3	6	0	0	1	18	253	11	2	23

TABLE B. Weight of Carcases, Parts and Offals of Animals affected with Tuberculosis and Other Diseases

	Tuberculosis												Other Diseases												Totals			
	Carcases				Parts				Offals				Carcases				Parts				Offals							
	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.	T.	C.	Qr.	lb.
Bulls ..	0	12	0	2	0	19	3	19	1	1	3	21	0	18	1	17	0	0	1	17	0	9	2	16	4	2	1	8
Bullocks ..	3	1	1	17	9	3	3	12	10	18	0	22	2	3	1	27	0	19	3	18	1	4	0	16	27	11	0	0
Heifers ..	5	2	3	23	3	1	1	18	5	7	0	2	0	18	0	23	0	6	3	10	3	5	3	8	18	2	1	0
Cows ..	67	19	0	25	18	2	3	17	46	4	2	27	13	13	1	27	4	2	2	9	24	2	3	10	174	5	3	3
Calves ..	0	8	1	12	0	0	3	4	0	3	1	20	2	9	0	0	0	0	0	14	0	12	0	9	3	13	3	3
Pigs ..	0	0	1	15	0	0	0	0	0	0	0	13	2	6	0	22	1	8	2	19	3	4	0	4	6	19	1	17
Sheep and Lambs ..	3	4	1	14	4	1	2	12	3	13	2	12	1	5	1	21	0	4	1	25	0	13	0	22	13	2	2	22
Totals ..	80	8	2	24	35	10	1	26	67	9	0	5	23	14	0	25	7	3	0	0	33	11	3	1	247	17	0	25

TABLE C. Imported Meat Condemned

	Carcase				No. of	Parts				No. of	Offals			No. of	Tins				No. of	Totals				
																				Weight				Items
	T.	C.	Qr.	lb.		T.	C.	Qr.	lb.		C.	Qr.	lb.		T.	C.	Qr.	lb.		T.	C.	Qr.	lb.	
Beef	0	0	0	0	0	1	10	0	21	54	0	0	0	0	3	15	1	12	2,138	5	5	2	5	2,192
Mutton . .	0	0	0	0	0	0	2	2	15	5	0	1	18	22	0	5	3	16	110	0	8	3	21	137
Pork	0	0	0	0	0	0	0	0	0	—	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	0	0	0	0	0	1	12	3	8	59	0	1	18	22	4	1	1	0	2,248	5	14	1	26	2,329

TABLE D. Number of Carcases, Parts and Offals affected with Tuberculosis and Other Diseases

	Tuberculosis			Other Diseases			Totals
	Carcases	Parts	Offals	Carcases	Parts	Offals	
Bulls	2	49	28	3	1	27	110
Bullocks	11	464	337	10	62	2,226	3,110
Heifers	22	149	108	7	15	406	707
Cows	297	872	1,296	87	171	2,227	4,950
Calves	11	3	3	177	2	15	211
Sheep and Lambs	2	0	0	105	97	2,935	3,139
Pigs	45	82	14	25	30	134	330
Totals	390	1,619	1,786	414	378	7,970	12,557

TABLE E. Total Number of Animals Slaughtered, 82,538, comprising :

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs	Totals
	346	6,503	2,716	4,770	12,277	43,029	11,383	81,024
Casualties . .	38	106	276	302	224	332	236	1,514
Totals . .	384	6,609	2,992	5,072	12,501	43,361	11,619	82,538

Percentage of all Animals Affected with Disease, 15.21%

TABLE F. Percentage of Animals Affected with Tuberculosis and Other Diseases

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis	20.57	12.28	8.13	48.05	0.13	—	1.21
Other Diseases	8.07	34.77	14.30	48.76	1.55	7.23	1.62

TABLE G. Percentage of Whole Carcases rejected

	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs
Tuberculosis	0.52	0.16	0.73	5.85	0.08	—	0.21
Other Diseases	1.30	0.15	0.23	1.71	1.41	0.24	0.15

TABLE H. Tabulated List of other defined Diseases and their incidence in Carcases rejected

Disease	Bulls	Bullocks	Heifers	Cows	Calves	Sheep and Lambs	Pigs	Total
Bruising—Extensive ..	—	1	—	1	3	4	—	9
Dead Animals ..	—	1	—	—	1	7	1	10
Dropsy	1	—	2	24	23	37	16	103
Enteritis—Acute ..	—	—	—	—	—	—	1	1
Fever—Acute ..	—	2	—	6	17	23	2	50
Gangrene	—	—	—	—	—	1	—	1
Immaturity	—	—	—	—	122	—	—	122
Jaundice	—	—	—	—	2	—	—	2
Johnes Disease ..	2	1	3	32	—	1	—	39
Physic	—	1	—	—	—	—	—	1
Black Leg	—	—	—	—	1	—	—	1
Malignant Neoplasm ..	—	1	—	—	—	—	—	1
Mastitis—Septic ..	—	—	—	—	—	3	—	3
Metritis—Septic ..	—	—	—	11	—	2	—	13
Nephritis—Septic ..	—	—	—	—	—	—	—	—
Pericarditis—Spetic ..	—	1	—	9	2	1	—	13
Peritonitis—Septic ..	—	—	—	1	—	—	1	2
Pneumonia	—	—	—	—	5	20	—	25
Emaciation	—	1	—	—	—	1	—	2
Septic Conditions ..	—	1	2	1	1	5	4	14
Uraemia	—	—	—	2	—	—	—	2
Total ..	3	10	7	87	177	105	25	414

APPENDIX V

The V.D. Scheme

by

C. HAMILTON WILKIE, M.D., Ch.B., B.Sc.(Glas.)

When the New Health Scheme came into being the control of the V.D. Scheme passed from the Local Health Authorities to the Hospital Services.

As Consultant Venereologist for the Leicester Area it is one of my responsibilities to maintain the necessary liaison with the Local Health Authorities.

Under the New Health Scheme the tracing of defaulters and contacts is the responsibility of the Medical Officer of Health. It is no part of the Hospital Almoners' duty to follow up defaulters. Naturally, all communications in this connection must be confidential.

It is my duty to advise the Medical Officer on propaganda measures and to produce statistics of the cases attending the clinics in the area. The incidence of V.D. and non-venereal infections for the year 1948 has been recorded by me in the official Ministry of Health Return (Form V.D. R. 1948), a copy of which has been forwarded to the Ministry of Health and to the Local Health Authorities. It is only necessary here to say that in the year 1948 a rapid decrease in the number of venereal disease cases was evident although the non-venereal infections remained high.

Leicester has held a prominent position in the country in its efforts to combat venereal diseases. It can boast also of having done much in the way of V.D. propaganda. There is no doubt that under the New Health Scheme it will continue in its efforts to maintain that position.

The following is an extract from the Ministry of Health Annual Return—Form V.D. (R) (1948):

(1) Number of cases on 1st January, 1947, under treatment or observation	867 (929)
(2) Returned "defaulters"	23 (25)

(3) New Primary syphilitics	46	(67)
(4) New Secondary syphilitics	46	(90)
(5) Latent first year syphilitics	3	(6)
(6) Congenital syphilitics	18	(16)
(7) Late stages acquired syphilitics	62	(53)
(8) Soft Chancre	2	(3)
(9) Gonorrhoeal cases	345	(286)
(10) Non-venereal conditions	714	(798)
(11) Undiagnosed on 31st December, 1948	32	(35)
(12) Transfers from other centres	52	(120)
Total	2,210	(2,428)
(13) Cases dismissed as "cured"	1,091	(1,196)
(14) Serious "defaulters"	103	(108)
(15) Possibly "cured" but tests of cure not all completed	153	(158)
(16) Transferred to other centres	84	(99)
(17) Remaining under treatment or tests on 31st December, 1947	779	(867)
Total	2,210	(2,428)
(18) In-patients	136	(174)
(19) Aggregate number of "in-patient days"	4,088	(3.994)
(20) Microscopic tests	2,132	(2,605)
(21) Blood W.R. tests	3,310	(3,574)
(22) Blood Kahn tests	3,251	
(23) Lumbar punctures	59	(45)

(Note : 1947 figures in brackets)

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Printed by The Blackfriars Press, Ltd, Smith-Dorrien Road, Leicester.